IUSSP CONTRIBUTIONS TO GENDER RESEARCH

International Union
for the Scientific Study
of Population

2001

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No. 27, 1st Floor, 6th Cross, 1st Main,
1st Block, Koramangala, Bengaluru - 34
Tel : 080 - 41280009
email : clic@sochara.org / cphe@sochara.org
www.sochara.org

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International Union
for the Scientific Study
of Population

International Union for the Scientific Study of Population - IUSSP

.... the world wide network of demographers

The International Union for the Scientific Study of Population (IUSSP) promotes scientific studies of demography and population-related issues. Originally founded in 1928 and reconstituted in 1947, the IUSSP is the leading international professional association for individuals interested in population studies. The IUSSP network includes almost 2000 members world-wide, one third of whom are from developing countries.

The IUSSP's main goal is to *"foster relations between persons engaged in the study of demography in all countries of the world, and stimulate interest in demographic matters among governments, national and international organisations, scientific bodies and the general public. The Union shall have power to organise conferences, and to publish scientific information, dealing with population issues."*

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Preface

The main objective of the IUSSP (according to Article 1 of our Constitution) is to "advance the science of demography." What specifically is being considered as an "advancement" is, of course, always a matter of definition, but there was no doubt (as reflected by the decisions of several subsequent IUSSP Councils) that the introduction of an explicit gender perspective into population studies has been considered an important priority of the Union.

Many individual IUSSP members have been at the forefront of gender research, and activities organised by the Union were among the first to draw attention to the emergence of women's conditions as a determinant of demographic behaviour, and to the need to better articulate the concept of a gender system. Union initiatives began with the publication of a review by Federici and Fong (1985) on *The Status of Women, Population and Development* and the organisation of an international conference on "Women's Position and Demographic Change in the Course of Development" (Asker, Norway, 1988). Since these pioneering initiatives, the commitment of the IUSSP to this topic has become increasingly important, with the formation of the first "Gender and Population Committee" in 1990 and a second in 1994, each with a four-year mandate. These committees have organised six scientific seminars, four sessions at the IUSSP General Population Conferences in Montreal and Beijing, and one training workshop. Ten books have been published or are in press. All of these activities help to define and develop this field of research and to elaborate theoretical frameworks, organise empirical knowledge and create the basis for the diffusion of a greater awareness to issues of gender in research and demographic teaching.

More recently, the IUSSP Council has expressed the opinion that the task of advancing our discipline also includes the need to take stock and try to summarise the state of the art at certain points in time. For this reason, in 1999 it called for a "new assessment of the role of the population variable in sustainable human development." This assessment will primarily be based on the work of the IUSSP scientific committees and working groups. It will begin with the work of committees that have recently concluded their mandate, and bring the results to the attention of the full membership and the interested public. The form of assessment and dissemination will differ from topic to topic and it is expected to culminate around the 2001 General Population Conference.

The present volume on IUSSP Contributions to Gender Research is the first publication in this context. It is mostly based on eight policy and research

papers that summarise IUSSP seminars on gender-related topics. It also contains information on ten books which are either already published or expected to come out soon (mostly with the IUSSP series at Oxford University Press). Finally, it lists the eight contributions to the "Gender in Population Studies" Series, which provide up-to-date overviews, aimed primarily at academics and university students, and can be obtained free of charge upon request. It is hoped that this collection of materials will provide the reader with a state of the art review in the field of gender and population research.

The Union is very grateful to the chairs and to all members of the two committees (listed on page III) who conducted and facilitated this impressive piece of research, and to all Union members and other scientists who participated in these activities. Special thanks go to Irene Grignac at headquarters, who looked after these activities so well for many years.

Wolfgang Lutz
Secretary General, IUSSP

IUSSP Committee on Gender and Population (1990-1994)

Co-Chairs	Karen Oppenheim Mason (USA) and Shireen Jejeebhoy (India)
Members	Brigida Garcia (Mexico), An-Magritt Jensen (Norway), Paulina Makinwa-Adebusoye (Nigeria), Catherine Pierce (USA)

IUSSP Committee on Gender and Population (1995-1999)

Co-Chairs	Brigida Garcia (Mexico) and Harriet Presser (USA)
Members	Lawrence Adeokun (Nigeria), Richard Anker (USA), Paulina Makinwa (Nigeria), Ferhunde Ozbay (Turkey), Edith Pantelides (Argentina), Antonella Pinnelli (Italy), Gita Sen (India)

Acknowledgments

The work accomplished throughout these years by the Committee on Gender and Population would not have been possible without the financial assistance of several foundations and governments. Special thanks to the MacArthur Foundation for its continued support. The IUSSP Council is extremely grateful for their generous contribution.

Contents

Policy and Research Papers

Published and Forthcoming Books

Women's Position and Demographic Change

Nora Federici, Karen Oppenheim Mason, Solvi Sogner (eds.)

Clarendon Press Oxford, 1993

ISBN 0-19-828792-5

Women's Position and Demographic Change is a collection of papers at the forefront of the growing body of research on the ways in which the position of women in a cultural affects, or is itself affected by, demographic patterns of population change. This volume is a provocative and wide-ranging book on a variety of aspects of demography, seen from a gender-aware perspective.

This volume is divided into two sections, one dealing with how the situation of women causes effects that are of interest to demographers, and the other dealing with how demographic change may alter the situation of women and may force new patterns of behaviour. The papers range over both the conceptual and the empirical links between demography and the position of women. Each paper considers the historical and cultural context of the data under analysis, while the whole volume is set in the context of the demographic transition from high to low birth and death rates.

This volume is a stimulating and important collection of papers which improves our understanding of the demographic transition, and which inspires new avenues of research and data collection in historical and methodological demography.

This volume is based on a conference on "Women's Position and Demographic Change in the Course of Development", held in Asker, Norway, in June 1988. The conference was jointly sponsored by the IUSSP, the Norwegian Demographic Society, the Nordic Demographic Society, and the International Commission for Historical Demography.

Contributors:

Shapan Adnan, Eva M. Bernhardt, Mead T. Cain, John Caldwell, Pat Caldwell, Viviana Egidi, Ghislaine Julémont, Lin Lean Lim, Paulina Makinwa-Adebusoye, Karen Oppenheim Mason, Christine Oppong, Antonella Pinnelli, Joseph E. Potter, Solvi Sogner, Jacques Vallin, Etienne van de Walle, Francine van de Walle, Arduino Verdecchia, Letitia P. Volpp, and Helen Ware.

SCIENTIFIC PROGRAMME OF THE CONFERENCE ON WOMEN'S POSITION AND DEMOGRAPHIC CHANGE IN THE COURSE OF DEVELOPMENT.
ASKER, NORWAY, 15-18 JUNE 1988.
Co-sponsored by the IUSSP, the Norwegian Demographic Society, the Nordic Demographic Society, and the International Commission for Historical Demography.

Session 1 *Conceptual Problems of Women's Position*
'Historical features of women's place in society' by Solvi Sogner
'Cross-cultural features of women's place in society' by Uni Wikan
'What do we know about the issue?' by Karen O. Mason

Session 2 *Institutions, Women's Position and Demographic Change*
'Patriarchal structure and demographic change' by Shapan Adnan
'Patriarchal structure and demographic change" by Mead T. Cain

Session 3 *Women's Position, Fertility, Family Organization and the Labour Market*
'The effects of women's position on fertility, family organization and the labour market' by Christine Oppong
'The effects of fertility, family organization, sex structure of the labour market and technology on the position of women' by Helen Ware.
Changing family ties, women's position and low fertility' by Eva Bernhardt

Session 4 *Women's Position and Fertility*
'Statut de la femme et position de l'enfant: antinomie ou complémentarité' by Ghislaine Julémont
'Woman's autonomy and fertility' by Francine and Etienne van de Walle

Session 5 *Women's Position and Changes in Morbidity and Mortality*
'Infant and child morbidity and mortality in DCs' by Antonella Pinnelli
'Women's position and child mortality and morbidity in LDCs' by John and Pat Caldwell
'Adult mortality in LDCs' by Joseph Potter and Letitia Volpp

Session 6 *Women's Position and Migration*
'Effects of women's position on migration' by Lin Lean Lim
'Migration, gender and social change: a review and reformulation' by Marta Tienda and Karen Booth
'Labour migration and female-headed households' by Paulina Makinwa

The programme also included 9 Discussion Sessions where many contributed papers were discussed. These 9 sessions were on: Conceptual Problems of Women's Position; Institutions, Women's Position and Demographic Change; Measurement Issues and Data Sources; Women's Position, Fertility, Family Organization and the Labour Market; The Position of Women and Fertility; Historical Perspectives on Fertility; Women's Position and Changes in Morbidity and Mortality; Women's Position and Migration; Policy Issues.

Gender and Family Change in Industrialized Countries

Karen Oppenheim Mason and An-Magritt Jensen (eds.)
Clarendon Press Oxford, 1995
ISBN 0-19-828970-7

This volume focuses on the relationship between change in the family and change in the roles of women and men in contemporary industrial societies. Of central concern is whether change in gender roles has fuelled - or is merely historically coincident with - such changes in the family as rising divorce rates, increases of out-of-wedlock childbearing, declining marriage rates, and a growing disconnection between the lives of men and children. Covering more than twenty countries, including the USA, the countries of western Europe, and Japan, each essay in this volume is organized around an important theoretical or policy question; all offer new data or analyses, and several offer prescriptions on how to fashion more equitable and humane family and gender systems. The second demographic transition and the microeconomic theory of marital exchange are the dominant theoretical models considered; several chapters feature state-of-the-art quantitative analyses of large-scale surveys.

This volume grew out of a seminar held in Rome in 1992 organized by the IUSSP Committee on Gender and Population (Chairs: Shireen Jejeebhoy and Karen Oppenheim Mason) in collaboration with the Institute of Population Research of the National Research Council of Italy.

Contributors

Hans-Peter Blossfeld, Lynne M. Casper, Janet Saltzman Chafetz, Alessandra De Rose, Frank F. Furstenberg, Britta Hoem, Jan M. Hoem, Johannes Huinink, An-Magritt Jensen, Ron Lesthaeghe, Vivian Lew, Karen Oppenheim Mason, Sara S. McLanahan, Karl Ulrich Mayer, Valerie Kincade Oppenheimer, Antonella Pinnelli, Harriet B. Presser, Götz Rohwer, Annemette Sorensen, Noriko O. Tsuya.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON GENDER AND FAMILY CHANGE IN INDUSTRIALIZED COUNTRIES
ROME, ITALY, 27-30 JANUARY 1992
organized by the IUSSP Committee on Gender and Population and co-sponsored by the Istituto di Ricerche sulla Popolazione, CNR.

Session 1 *Recent Gender, Family and Demographic Trends in the Industrialized Countries*
'The second demographic transition in Western countries: an interpretation' by Ron Lesthaeghe

'Women's status in family and work roles in seven industrialized countries' by Sara McLanahan, Mette Sorensen and Lynn Casper

Session 2 *Family Policy in Relation to Changing Gender Roles and Family Patterns*

'Family policy and the crisis of welfare societies' by Raimondo Cagiano de Azevedo

'Family policies in comparative perspective' by Anne H. Gauthier

'State, family and personal responsibility: the changing balance for lone mothers in the U.K.' by Jane Millar

Session 3 *Breakdown of Marital Households and New Living Arrangements in Relation to Gender Change*

'Education, modernization and divorce: differences in the effect of women's education on marital dissolution in Sweden, FR Germany, and Italy' by Hans-Peter Blossfeld, Jan Hoem and Alessandra De Rose

'Changing gender roles as reflected in children's families' by An-Magritt Jensen

'Recent changes in gender roles and multigenerational living arrangements in Japan' by Kiyosi Hirosima

Session 4 *Feminist Women's Movements as a Cause and Product of Gender and Family Change*

'Chicken or egg? A theory of the relationship between feminist movements and family change in industrialized societies' by Janet Saltzman Chafetz

'The growth of women's workforce participation in post-war Australia: the roles of demography, gender ideologies and the bureaucracy' by Helen Ware

'Les femmes prévoyantes socialistes: un mouvement mutualiste pour l'émancipation des femmes' by Ghislaine Julémont

Session 5 *Family Formation and Gender Change*

'Marriage formation in the USA: critique of economic theory and reanalysis' by Valerie Oppenheimer

'Women's condition, low fertility and emerging union patterns in Europe' by Antonella Pinnellli

'Changing gender roles and below-replacement fertility in Japan' by Noriko Tsuya and Karen O. Mason

'Women's position and fertility levels in the peninsular Basque country' by Begona Arregui

'Gender, social inequality and family formation in Germany' by Karl Ulrich Mayer and Johannes Huinink

'Fertility, family structure and time use in Italy' by Rossella Palomba and Linda Sabbadini

'Women's way to the gender segregated Swedish labor market' by Britta Hoem

Session 6 *Are the Interests of Women Inherently at Odds with the Interests of Children or the Family? Viewpoints, Policy Implication, and Open Discussion. Viewpoints by Frank Furstenberg and Harriet B. Presser.*

Women's Education, Autonomy, and Reproductive Behaviour: Experience from Developing Countries

Shireen Jejeebhoy

Clarendon Press Oxford, 1995
ISBN 0-19-829033-0

Women's access to education has been recognized as a fundamental right. The benefits of education are manifold. Educating women results in improved productivity, income, and economic development, as well as a better quality of life, notably a healthier and better nourished population. At the same time, it is clear that education empowers women, providing them with increased autonomy in every sphere of their lives. Moreover, education is important for all kinds of demographic behaviour, affecting mortality, health, fertility, and contraception. In almost every setting, regardless of region, culture, and level of development, education results in fewer children. Beyond these few general assertions, however, there is little consensus on such issues as how much education is required before changes in autonomy or reproductive behaviour occur; whether the education-autonomy relationship exists in all cultural contexts, at all times, and at all levels of development; and which aspects of autonomy are important in the relationship between education and fertility.

It is in the need to address these fundamental issues that this book took shape. The author reviews the considerable evidence about women's education and fertility in the developing world that has emerged over the last twenty years, and then passes beyond the limits of previous studies to address three major questions:

- How much education is required before women begin to experience changes in their autonomy and reproductive behaviour?

- How do improvements in education empower women in other areas of life, such as improving their exposure to information, decision-making, control of resources, and confidence in dealing with family and the outside world? What consequences do these changes have for reproductive behaviour?

- What are the critical pathways influencing the relationship of women's education to fertility? To what extent is fertility affected because education leads to changes in the duration of breast-feeding? Because it raises the age at marriage? Because it increases the practice of contraception? And because it reduces women's preferences for large numbers of children?

Supported by full documentation of the available survey data, this study offers unambiguous, although qualified, support for the widely held belief that fertility reduction is one consequence of improvements in female education and

consequent changes in women's autonomy. Support is unambiguous because in almost every social setting, regardless of region, culture, or level of development, the best educated women bear fewer children than uneducated women. Support is qualified because such contextual factors as the overall level of socioeconomic development and the situation of women in traditional kinship structures complicate the general assumptions about the interrelationships between education, fertility, and female autonomy. The study lays out the policy implications of these findings and fruitful directions for future research.

Women's Position and Demographic Change in Sub-Saharan Africa

Paulina Makinwa and An-Magritt Jensen (eds.)

IUSSP Liège, 1995

ISBN 2-87108-053-10

This volume examines research and policy issues that involve interrelationships between women's status and demographic phenomena in the countries of sub-Saharan Africa. It stems from the considerable concern of both scholars and policy makers regarding the prospects for demographic change in this region in which rapid population growth is exacerbating development problems and making it more difficult for basic human need to be met. It is organized in two sections according to whether or not the focus of study is directly on the examination of hypothesized linkages (and their implications) between women's position and demographic phenomena.

It is hoped that this book will stimulate further research and sensitize policy makers to the centrality of women's position in bringing about desirable changes in production in the region.

This volume is based on a seminar held in Dakar, Senegal, in March 1993. The seminar was organized by the IUSSP Committee on Gender and Population (Chairs: Shireen Jejeebhoy and Karen Oppenheim Mason) and co-sponsored by ORSTOM.

Contributors

A.A. Afolayan, Susan Allen, Akosua Adomako Ampofo, Elizabeth Ardayfio-Schandorf, Akinrinola Bankole, Michel Caraël, Assitan Diallo, Sally E. Findley, Anastasia J. Gage, An-Magritt Jensen, Mary M. Kritz, Cynthia Lloyd, Matthew Lockwood, Thérèse Locoh, Paulina Makinwa, Dominique Meekers, Christiana Okojie, David O. Olaleye, Christine Oppong, I.O. Orubuloye,

Elsbeth Robson, Eva Tagoe, Marie-Paule Thiriat, Lillian Trager, Etienne van de Walle, Francine van de Walle.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON WOMEN AND DEMOGRAPHIC CHANGE IN SUB-SAHARAN AFRICA.
DAKAR, SENEGAL, 3-6 MARCH 1993.
Organized by the IUSSP Committee on Gender and Population and co-sponsored by ORSTOM.

Session 1 *The Status of Women in Sub-Saharan Africa: Overview*
'What do we know? Conceptual and methodological issues in sub-Saharan Africa' by Christine Oppong
'Women's resource control and demand for children in Africa' by Mary Kritz and Paulina Makinwa-Adebusoye
'Women's status in the demographic literature on sub-Saharan Africa' by Etienne and Francine van de Walle

Session 2 *Nuptiality and Family Structure*
'Les naissances et conceptions prénuptiales en milieu rural au Sénégal' by Valérie Delaunay et Thérèse Locoh
'Plurinuptialité et relations de genre en Afrique de l'Ouest: le cas du Togo' by Thérèse Locoh and Marie-Paule Thiriat
'The changing dynamics of family formation: women's status and nuptiality in Togo' by Anastasia Gage and Dominique Meekers
'Cheminements matrimoniaux et place de la femme dans le phénomène des enfants de la rue au Congo' by Jean-Paul Toto
'Do marital partners have different reproductive preferences in sub-Saharan Africa?' by Akinrinola Bankole and Oyewole Olaleye

Session 3 *Fertility*
'Autonomy versus dependence: understanding women's status in sub-Saharan Africa' by Alex Chika Ezeh
'High fertility and the intergenerational transmission of gender inequality: children's transition to adulthood in Ghana' by Cynthia Lloyd and Anastasia Gage
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Session 4 *Health and Mortality*
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'Conjoncture économique et risques liés à la maternité: le cas du Zaïre' by Ngondo a Pitshandenge I.
'The status of women and maternal health in rural Nigeria' by Joseph Ottong

'Intra-household female status differentials in rural Mali. Variations in maternal resources for children's illness management and day-to-day care' by Sarah Castle
'Maternal education and infant/child morbidity in Ghana: the case of diarrhea. Evidence from the Ghana demographic and health survey' by Eva Tagoe

Session 5 *Sexually Transmitted Diseases*
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'La femme et le SIDA au Burundi' by Khadidiatou Mbaye
'Women's control over their sexuality: implications for STDs and HIV/AIDS transmission in Nigeria' by I.O. Orubuloye

Session 6 *Economic Activity*
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'Marriage, family structure and women's economic opportunities in coastal Tanzania' by Matthew Lockwood
'Place de la femme dans une économie informelle: le cas du Zaïre' by Marie-Claire Lepina Mwabiere
'The economic activities and status of rural Muslim Hausa women in Northern Nigeria' by Elsbeth Robson

Session 7 *Migration*
'Migration and women's status in sub-Saharan Africa' by Paulina Makinwa-Adebusoye and A.A. Afolayan
'Sudanese displaced women and economic activities' by Samira Amin Ahmed
'Interactions between household structures and female migration in rural Mali' by Sally Findley and Assitan Diallo
'Women migrants and hometown linkages in Nigeria: status, economic roles and contributions to community development' by Lillian Trager

Session 8 *Natural Ressources and the Environment*
'Women, natural resources and the environment' by Hyacinth Ajaegbu
'Women, population growth and commercialization of fuelwood in Northern Ghana' by Elizabeth Ardayfio-Schandorf
'The effects of male migration on women's management of the natural resource base. The case study of Passoré (Burkina Faso)' by Roz David

Session 9 *Panel: Conclusions.*

Gender and Demographic Change: What do we Know?

Karen Oppenheim Mason

IUSSP Liège, 1995
ISBN 2-87108-052-14

A critical review of what is known about the interrelationships between change in social systems of gender and change in the fertility and mortality of populations is presented in the interests of describing the contours of current knowledge and suggesting needed areas of research. Research into the impact of gender change on demographic change is still in its infancy; that on the impact of demographic change on gender systems is practically non-existent. Much of the research used as evidence for the idea that female empowerment promotes lower fertility and mortality is based on weak designs and measures. Studies using good designs and measures are staring to be done, however, and have thus far confirmed that in South Asia, at least, when gender stratification is less extreme, fertility tends to be lower, contraceptive use higher, and child survival greater. We know little about the effects of fertility and mortality decline on gender systems, but this is an important area of study because of the possibility that modern demographic regimes enhance the likelihood of achieving gender equality.

Women, Poverty and Demographic Change

Brigida Garcia (ed.)

Clarendon Press Oxford, 2000
ISBN 0-19-829486-7

This book analyses the specific demographic implications and conditioning factors of women's experience of poverty. By investigating the different experiences that women in developing countries face in attempting to escape from poverty, the contributors illustrate the importance of incorporating the gender perspective into population studies.

Higher fertility levels and early nuptiality patterns among the poor are frequently attributed to socioeconomic factors. The authors of this book demonstrate the importance of looking at other dimensions, such as the subordinate roles of women in their families of origin and the centrality of motherhood in women's lives. Some chapters also show how gender inequality in educational skills and cultural norms regarding motherhood, marital status and the limiting of physical movement explain why poverty-alleviation strategies such as market work and migration may have different results for men and women. Fi-

nally, other authors look into women's autonomy in household decisions as a factor that exerts a strong influence on their ability to obtain maternal and infant health care.

This book grew out of a seminar held in Oaxaca, Mexico, in October 1994. The seminar was organized by the IUSSP Committee on Gender and Population (Chairs: Shireen Jejeebhoy and Karen Oppenheim Mason) in collaboration with the Centre for Demographic and Urban Studies (CEDDU) of El Colegio de Mexico and the State Population Council of Oaxaca.

Contributors

Alaka M. Basu, Deborah S. DeGraff, Sonalde Desai, Katharine M. Donato, Brigida Garcia, Rosa N. Geldstein, Pavalavalli Govindasamy, Graciela Infesta Dominguez, Shawn Malia Kanaiaupuni, Anju Malhotra, Mario Monteiro, S. Philip Morgan, Bhanu B. Niraula, Orlandina de Oliveira, Edith A. Pantelides, Zeba Sathar, Susheela Singh, Michael Tawanda, Hania Zlotnik.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON WOMEN, POVERTY AND DEMOGRAPHIC CHANGE.
OAXACA, MEXICO, 25-28 OCTOBER 1994.
Organized by the IUSSP Scientific Committee on Gender and Population in collaboration with El Colegio de Mexico, SOMEDE, CONAPO and COESPO.

Session 1 *Women and World Poverty: An Overview*
'Women, poverty and demographic change: some interrelationships over time and space' by Alaka Basu.

Session 2 *Women in Poverty: Implications for their Economic Roles*
'Social status, economic activity and the feminization of poverty: the case of women in Trinidad and Tobago' by Godfrey St. Bernard
'Class and gender in rural Pakistan: differentials in economic activity' by Zeba Sathar and Sonalde Desai
'The economic activities of women in an urban area of Bangladesh' by Simeen Mahmud and Pratima Paul-Majumdar
'Poverty, marital status and young women's work in Sri Lanka' by Anju Malhotra and Deborah DeGraff

Session 3 *Women and Poverty: Implications for Migration*
'Female migration in relation to female labor-force participation: its implications for poverty alleviation' by Hania Zlotnik
'Poverty, demographic change, and the migration of mexican women to the United States' by Katharine M. Donato and Shawn Malia Kanaiaupuni
'The social dynamics of rural population retention: a malian case study of the link between patriarchy and the sustained ruralization of sub-saharan Africa' by Michael Tawanda

Session 4 *Women in Poverty: Implications for Fertility*
'Household poverty, women's autonomy and reproductive behaviour: linkages in a rural setting in Orissa, India' by Pradeep Kumar Panda
'Rural poverty and demographic change: evidence from village-based women in development programs' by Mohammad Kabir and M. Bazlur Rahma
Adolescent childbearing and poverty: identifying the mechanisms for creation of poverty in southwestern Nigeria' by Femi O. Omolulu
'Social class, images of gender and adolescent reproductive behaviour' by Edith Alejandra Pantelides, Rosa N. Geldstein and Graciela Infesta Dominguez
'Work and reproductive behavior of women living in the metropolitan area of Puebla, Mexico, with special reference to poor women' by Carlos Welti and Leonor Paz
'Levels of childbearing, contraception and abortion in Brazil: differentials by women's poverty status' by Susheela Singh and Mario Monteiro

Session 5 *Women in Poverty: Implications for Family Roles and Status*
'Marital experiences in urban Mexico: importance of the family of origin' by Orlandina de Oliveira
'The poverty-purdah trap in rural Bangladesh: implications for women's roles in the family' by Sajeda Amin
'Gender inequality in two Nepali settings' by Philip S. Morgan and Bhanu B. Niraula

Session 6 *Women in Poverty: Implications for Health*
'Maternal education and child health: evidence and ideology' by Sonalde Desai
'Poverty, women's status and utilization of health services in Egypt' by Pav Govindasamy
'Use of health services among rural women of Latin America: the mediating role of knowledge' by Arodys Robles and Rebeca Wong
'Maternal health among working women: a case study in the Mexican-U.S. Border' by Norma Ojeda and Gudelia Rangel

Session 7 *Women in Poverty, Use of Resources and the Environment*
'The interactions among gender, agricultural transformations and the use and management of natural resources: a Mexican case study' by Luz Nereida Perez Prado
'Women and the environment: conceptual issues and evidence from the Ecuadorian Amazon' by Richard Bilsborrow, Keshari K. Thapa and Laura Murphy
'From hearth to earth: use of natural resource for cooking in Indian households' by Aswini Kumar Nanda
'The rethoric and reality of women's participation in joint forest management: the case of an NGO in Western India' by Sara Ahmed

Women's Empowerment and Demographic Processes: Moving Beyond Cairo

Harriet Presser and Gita Sen (eds.)

Clarendon Press Oxford, 2000

ISBN 0-19-829731-9

There is a general consensus among the international population community that the commitment achieved at the International Conference on Population and Development (Cairo, 1994) to women's empowerment, along with the related goals of improving women's reproductive health and securing their reproductive rights, represented a paradigm shift in the discourse about population and development, even though there are differences in view whether this is a positive change or not. But while the rhetoric about women's empowerment is pervasive, the concept remains ill-defined, and its relationship to demographic processes has not been well articulated, either theoretically or empirically. This book brings together leading researchers and policy advocates to explore whether the concept of women's empowerment is indeed useful for an understanding of key demographic processes. Its contributors identify new directions for demographic research from the analysis of available data that measure women's empowerment, and point to the implications for population-related policies.

Demographic research has focused relatively little to date on gender, let alone the question of power. Yet critiques of available data argue that traditional women's-status indicators, such as education and employment, are often not sensitive enough to capture the nuances of gender power relations and the ways in which they govern women's and men's reproductive behaviour. This book moves forward to the complex task of conceptualising, measuring, and analysing women's empowerment. In laying this groundwork, it provides critically important insights into the causes and consequences of population change, including migration. The book combines conceptual and empirical research with policy directions and considers the relevance of economic, social, and cultural contexts for the health and well-being of women, adolescents, and children. The countries under study are of both the North and the South. This book represents state-of-the-art knowledge on the two-way linkages between women's empowerment and demographic processes.

Harriet B.Presser is Distinguished University professor in the Department of Sociology, and Director, Center on Population, Gender and Social Inequality, University of Maryland, College Park.

Gita Sen is professor of Economics, Indian Institute of Management, Bangalore, and Adjunct Lecturer, Harvard School of Public Health.

Contributors

Srilatha Batliwala, Carmen Barroso, Ruth Dixon-Mueller, Paula England, Anastasia J. Gage, Brigida Garcia, Adrienne Germain, Douglas T. Gurak, John Hobcraft, Graeme Hugo, Jodi L. Jacobson, Shireen Jejeebhoy, Sunita Kishor, Barbara Klugman, Mary M. Kritz, Paulina Makinwa, Harriet B. Presser, Gita Sen, Noriko O. Tsuya.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON FEMALE EMPOWERMENT AND DEMOGRAPHIC PROCESSES: MOVING BEYOND CAIRO.
LUND, SWEDEN, 21-24 APRIL 1997.
Organised by the IUSSP Scientific Committee on Gender and Population and PROP, Department of Sociology of the University of Lund.

Session1 *What is 'female empowerment'? Conceptual and measurement issues*
'Conceptualizing women's empowerment' by Paula England
'Empowering women for reproductive rights: moving beyond Cairo' by Gita Sen and Srilatha Batliwala

Session 2 *Intersections between female empowerment and demographic processes.*
'Reproductive rights and demographic processes from an empowerment perspective' by Sonia Correa
'Sexuality, gender relations, and female empowerment' by Ivonne Szasz and Juan Guillermo Figueroa
'Reproductive health and the demographic imagination' by Ruth Dixon-Mueller and Adrienne Germain
'Family planning programs and demographic outcomes: the relevance of and for female empowerment' by Anrudh Jain
'Gender discriminations in the workplace: implications for fertility' by Barbara Bergmann
'The consequences of female empowerment for child well-being' by John Hobcraft
'Female empowerment and adolescent demographic behaviour' by Anastasia J. Gage
'Low fertility, marriage perceptions, and gender relations in Japan: an intergenerational perspective' by Noriko Tsuya

Session 3 *Case Studies: Developing Countries*
'The gender dynamics of recent rapid transitions: The cases of Bangladesh and Egypt' by Sajeda Amin and Cynthia B. Lloyd
'Women's empowerment and contraception: Is there a link?' by Abdullahel Hadi, Samir R. Nath and A.M.R. Chowdhury
'Empowerment of women in Egypt and links to the survival and health of their infants' by Sunita Kishor
'Women's autonomy in rural India: its dimensions, determinants and the influence of context' by Shireen Jejeebhoy

'Incorporating women's empowerment in studies of reproductive health: an example from Zimbabwe (DHS)' by Stan Becker
'Women's influence on decision-making within households: evidence from Ghana' by Cheryl R. Doss

Session 4 *Sources of change to empower women*
'Wife's empowerment and fertility in Nigeria: the role of context' by Mary Kritz, Paulina Makinwa Adebusoye and Douglas T. Gurak
'Economic restructuring, women's survival and transformation in Mexico' by Brigida Garcia
'The growth of women's empowerment in Sweden, experiences, actors and arenas' by Katarina Lindahl
'Migration and female empowerment' by Graeme Hugo
'The position of women and demographic processes in the countries in transition' by Wanda Nowicka
'Mobilizing and networking: what works and what doesn't, and why' by Barbara Klugman

Session 5 *Moving beyond Cairo: Public Policy*
'The policy agenda for women's empowerment in the next decade' by Carmen Barroso and Jodi Jacobson
'Making governments accountable for female empowerment: preliminary thoughts on the contribution of social science' by Rebecca Cook

Fertility and the Male Life-Cycle in the Era of Fertility Decline

Caroline Bledsoe, Susana Lerner and Jane I. Guyer (eds.)

Clarendon Press Oxford, 2000

ISBN 0-19-829444-1

This volume challenges orthodox positions on two of the main themes in fertility transition studies: the inevitable link between fewer children and quality of life and the focus on women as the sole important objects of study. In an era of unprecedented fertility decline, there is increasing concern about the lessening worldwide role that men play in the upbringing of children. The immense worldwide variation in the timing and sequencing of a man's life-course events, the rise and fall in personal fortunes, and the weight of society's hierarchies all combine to affect the number of children a man fathers, when he fathers them, the number of partners he fathers them with, and the kind of support and recognition he bestows on them.

The cross-disciplinary approach favoured here, including ethnographies, national surveys and historical texts, avoids the narrow focus of many fertility

studies texts. By providing detailed studies on a variety of countries ranging from Germany to Papua New Guinea, the contributors describe the emerging global situation. Two Overview chapters give a wider perspective, and the Introduction synthesizes the themes identified and conclusions reached.

This book grew out of a seminar held in Zacatecas, Mexico, in November 1995. The seminar was organized by the IUSSP Committee on Anthropological Demography (Chair: Alaka Basu) in collaboration with El Colegio de Mexico, the Sociedad Mexicana de Demografia (SOMEDE) and the University of Zacatecas.

Contributors

Kamran Asdar Ali, John Anarfi, Ann K. Blanc, Caroline Bledsoe, David A. Coleman, Clara Korkor Fayorsey, Anastasia J. Gage, Frances K. Goldscheider, Jane I. Guyer, Gayle Kaufman, Evelyne Lapierre-Adamcyck, James Lee, Susana Lerner, Pau Miret-Gamundi, Nosa Orobaton, Katharina Pöhl, Mario Humberto Ruz, Philip Setel, Laurent Toulemon, Nicholas W. Townsend, Wang Feng, Pamela Webster.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON MALE FERTILITY IN THE ERA OF FERTILITY DECLINE.
ZACATECAS, MEXICO, 13-16 NOVEMBER 1995.
Organised by the IUSSP Scientific Committee on Anthropological Demography, in collaboration with El Colegio de Mexico, the Sociedad Mexicana de Demografia and the University of Zacatecas, and with the support of El Gobierno del Estado de Zacatecas.

Session 1 *Overviews*
'Anthropological traditions of studying paternity' by Jane Guyer
'Male fertility trends in industrial countries: theories in search of some evidence' by David Coleman

Session 2 *Changing reproduction: the recent European experience*
'Demographic patterns of motherhood and fatherhood in France' by LaurentTtoulemon and Evelyne Lapierre-Adamcyk
'Attitudes of east vs. west German men on having children' by Katarina Pohl

Session 3 *Reproduction and the male life cycle*
'Someone to take my place: fertility and the male life cycle among coastal Boiken, east Sepik province, papua new guinea' by Philip Setel
'men and women; fatherhood and motherhood in spain; church, state and family' by Pau Miret-Gamundi
'The perspectives and dimensions of sexuality among Nigerian males: implications for fertility and reproductive health outcomes' by Nosa Orobaton

'Male fertility as a life time of relationships: contextualizing men's biological reproduction in Botswana' by Nicholas Townsend

Session 4 *Men in Multiple Unions*
'Men, polygyny, and fertility over the life course in sub-saharan Africa' by Ann Blanc and Anastasia Gage
'Male nuptiality and male fertility among the Qing nobility' by James Lee and Wang Feng

Session 5 *Male Dilemmas Surrounding Fatherhood and Reproductive Health*
'Some reflections on the social interpretation of male participation in reproductive health processes' by Juan Guillermo Figueroa Perea
'The male protagonists in the "commoditization" of aspects of female life cycle in Ghana' by John Anarfi and Clara Korkor Fayorsey
'Men, parenthood, and divorce in the era of the second demographic transition' by Frances K. Goldscheider, Pamela Webster, and Gayle Kaufman
'Masculinity as a risk factor' by Benno de Keijzer
'Risky business: disinhibition and other adolescent sexuality' by Benjamin Campbell

Session 6 *The Culture of Masculinity and Reproduction*
'La semilla del hombre. Notas etnologicas acerca de la sexualidad y fertilidad masculinas en tres culturas indoamericanas' by Mario Humberto Ruz
'Male reproductive culture and sexuality in south Brazil: combining ethnographic data and statistical analysis' by Ondina Leal Fachel and Jandyra M.G. Fachel
"What about men? a perspective on fertility control in Egypt' by Kamran Asdar Ali
'Reproductive behaviour and masculinity in Mexico' by Eduardo Liendro

The Socio-Cultural and Political Context of Abortion

Alaka M. Basu (ed.)

Clarendon Press Oxford (forthcoming)

This book hopes fill an important gap in the literature on abortion. On the one hand, the literature in demography on abortion tends to concentrate on demographic matters (estimates, data availability, programme factors and so on) and, especially, on the role of abortion in historical and contemporary fertility declines. On the other hand, the literature on abortion in other disciplines tends to fall in one of two the following categories (a) Medical and safety aspects of abortion and (b) Political and religious aspects of abortion, but

largely in the context of the pro-choice versus pro-life debate in the United States and in the context of Catholicism outside the United States.

The present book falls in a somewhat different category from all the above. Its strength lies in the fact that it tries to understand and place in context some of the personal realities that underlie the 50 million or so abortions that are believed to occur annually worldwide. It is not about the reproductive health implications of abortion in a medical or clinical sense, although the scale of the reproductive health problem is indicated in the statistical overview by Singh, Henshaw and Berensten. The urgent need for safe and easy access to abortion and, even more so, family planning services in many parts of the developed and developing world is well brought out in this chapter, even though it has to contend with much incomplete and unavailable information.

Nor does this book enter the moral debate on abortion in any polemical way. In particular, it does not enter the pro-choice versus pro-life debate which dominates discussions on abortion in the United States of America and which in turn have such profound effects in other parts of the world - not just in terms of the assistance available to family planning programs directly through the US or indirectly through multilateral agencies, but also to aid for completely unrelated activities such as economic reform. This focus is missing from the present volume both because it tends to overwhelm most discussions on the ethics of abortion policy in the western world and because it turns out to not be a major concern in those parts of the world which are not dominated by the Catholic Church politically.

Contributors

Marsela Alvarez, Sajeda Amin, John Anarfi, Kathleen Bernsten, Chantal Blayo, Yves Blayo, John Caldwell, Pat Caldwell, Suzanne Cohen, María Elena Collado, Martha Givaudan, Stanley Henshaw, Inge Hutter, Andrzej Kulczycki, Susana Lerner, Elise Levin, Maria Consuelo Mejia, Leo Morris, Axel Mundigo, Susan Pick, Elisha Renne, Guadalupe Salas, Florina Serbanescu, Susheela Singh, Amy Stambach, Alin Stanescu, Libor Stloukal, Paul Stupp.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON SOCIO-CULTURAL AND POLITICAL ASPECTS OF ABORTION IN A CHANGING WORLD. TRIVANDRUM, INDIA, 25-28 MARCH 1996.
organized by the IUSSP Scientific Committee on Anthropological Demography and the Centre for Development Studies, Trivandrum.

Session 1 Changing Levels of Abortion: the Macro and Micro Evidence

'The incidence of abortion: a worldwide overview focusing on methodology and on Latin America' by Susheela Singh and Stanley Henshaw
'The challenge of induced abortion research: trans-disciplinary perspectives: a background paper' by Axel Mundigo
'Are unsafe induced abortions contributing to fertility decline in Africa? Findings from Egypt and Zimbabwe' by Nosa Orobaton
'Abortion in rural Bangladesh: what do we know?' by Barkat-e-Khuda
'The role of abortion in the fertility transition in Kerala' by Irudaya Rajan, U.S. Mishra and T.K. Vimala
'Induced abortion and contraceptive use in Russia: state of the art and need for a micro-approach' by Inge Hutter

Session 2 *The Larger Environment: the Role of the State, Religion and Policy*
'The impact of changing policy on fertility, abortion and contraceptive use patterns in Romania' by Florina Serbanescu et al
'Eastern Europe's abortion culture: puzzles of interpretation' by Libor Stloukal
'Abortion across social and cultural borders' by Kajsa Sundström
'Abortion legislation in Mexico in the face of a changing socio-demographic and political context' by Guadalupe Salas and Susana Lerner
'The abortion issue in Brazil: a study of the debate on abortion in Congress' by Maria Isabel Baltar da Rocha
'The Roman Catholic Church and abortion' by Stan Wijewikrema
'The role of the Catholic Church in the abortion debate' by Maria Consuelo Mejia

Session 3 *Constraints and Negotiations*
'Menstrual regulation in Bangladesh' by Sajeda Amin
'Correlates of timing of induced abortions in Turkey' by Ahmet Içduygu and Turgay Unalan
'The pressure to abort' by Chantal Blayo and Yves Blayo
'Changing assessments of abortion in a Northern Nigerian town' by Elisha Renne
'The role of local herbs in the recent fertility decline in Ghana: contraceptives or abortifacients?' by John Anarfi
'The role of pharmacists and market herb vendors as abortifacient providers in Mexico City' by Susan Pick et al
'Demographic research and abortion policy: the limits to statistics' by Andrzej Kulczycki
'A study of induced abortion in two villages in Thai Binh Province, Vietnam' by Annika Johansson, Nguyen The Lap et al

'Menstrual management and abortion in Guinea, West Africa' by Elise Levin

Session 4 *Abortion in South Asia: some Determinants and the Reproductive Health Implications*

'Abortion in India: an overview' by M.E. Khan, Sandhya Barge and George Philip

'The silent cry: socio-cultural and political factors influencing induced abortion in Sri Lanka' by Indradal De Silva

'The emerging problem of induced abortions in squatter settlements of Karachi, Pakistan' by Fariyal Fikree et al.

'Determinants of induced abortion in rural Bangladesh' by Kapil Ahmed

Session 5 *Unwanted Births and Unwanted Pregnancies*

'Kutoa Mimba: debates about schoolgirl abortion in Northern Tanzania' by Amy Stambach

'Chasing equality: the politics of sex-selective abortion in Asia' by Barbara D. Miller

'Level of unwanted pregnancies and its consequences' by M.E.Khan and Bella C. Patel

'Abortion in South Brazil: contraceptive practices and gender negotiation' by Ondina Fachel Leal and Jandyra M.G. Fachel

Women in the Labour Market in Changing Economies: Demographic Issues

Brigida Garcia, Richard Anker, Antonella Pinnelli (eds.)

Clarendon Press Oxford (forthcoming)

Women's increased participation and changing position in the workforce is one of the most significant transformations the world has experienced in recent decades. This is occurring in the context of major economic and labour market changes such as globalisation, flexibilisation and informalisation of production, high unemployment and underemployment, high rates of part-time and intermittent employment, economic insecurity and the restructuring of economic systems. These new labour market conditions affect women's and men's demographic behaviour in complex, new ways that have not been adequately analysed or understood to date.

In view of a paucity of knowledge on this rapidly evolving situation, the Gender and Population Committee of IUSSP organized a seminar on "Women in the Labour Market in Changing Economies: Demographic Issues". The main

objectives of this seminar, held in Rome in September, 1999, were to: *1)* examine women's changing position and participation in the labour market in the context of major economic and labour market changes; *2)* analyse how demographic conditions favour or hinder these transformations in the labour market; and *3)* study the demographic consequences of rapid economic and labour market variations.

Papers were wide ranging in terms of country and region of the world, discipline of authors (e.g. economists; demographers; historians and sociologists), and subject area (e.g. family formation and dissolution; migration; labour markets; health; reproductive behaviour). This helped meet one of the seminar's main aims of including a good representation of subject areas and changing economies in the developed world, the developing world and transition economies. A selection of the papers presented at the Rome Seminar are included in this book - - twelve country studies along with a study that offers a broad international perspective on women's participation in the labour market and occupational sex segregation.

Contributors

Brigida Garcia, Antonella Pinnelli, Richard Anker, Robert L. Clark, Anne York, Duncan Thomas, Kathleen Beegle, Elizabeth Frankenberg, Rita Afsar, Felix Büchel, Henriette Engelhardt, Patrick Festy, Irina Kortchagina, Olga Mouratcheva, Lidia Prokofieva, Salvatore Strozza, Gerardo Gallo, Francesca Grillo, Wang Feng, Shen Anan, Zai Liang, Yiu Por Chen, Elena Bardasi, Janet C. Gornick, Amy G. Cox, Joan M. Hermsen, Jacob Alex Klerman, Maria Stanfors, Lars Svensson, Marcela Cerrutti, Andrzej Kulczycki, Lucia Juarez.

SCIENTIFIC PROGRAMME OF THE SEMINAR ON WOMEN IN THE LABOUR MARKET IN CHANGING ECONOMIES: DEMOGRAPHIC ISSUES
ROME, ITALY, 22-24 SEPTEMBER 1999.
organised by the IUSSP Committee on Gender and Population, the Dipartimento di Scienze Demografiche, Universita degli Studi di Roma 'La Sapienza' and the Istituto Nazionale di Statistica (ISTAT).

Session 1 *Overview*
'Cross-national analysis analysis of women's labour force activity since 1970' by Robert L. Clark and Anne York
'Policy-relevant paper on the theme of global trade and women's issues' by Susan Joekes

Session 2 *Rapid Economic and Political Change, Women's Employment and Demographic Issues*

'Gender, labour market and demographic change: a case study of women's entry into formal manufacturing sector of Bangladesh' by Rita Afsar

'The effect of the end of apartheid on women's work, migration, and household composition in KwaZulu-Natal' by Mary Arends-Kuenning and Carol Kaufman

'A post-war economy: women entering the urban labour market in Eritrea' by Marie Arneberg

'Economy in crisis: Labor market outcomes and human capital investments in Indonesia' by Kathleen Beegle, Elizabeth Frankenberg and Duncan Thomas

'Contexte économique et évolution du marché d'emploi de la femme en milieu urbain d'Afrique Centrale: cas de Kinshasa (R.D.C.) et de Bangui (R.C.A.)' by Denis Nzita Kikhela

'Relative income position of single parent households in West and East Germany: the role of female labor market participation in the 90s' by Felix Büchel and Henriette Engelhardt

'Fertility decline in Russia after 1990: the role of economic uncertainty and labour market crisis' by Lliana Kohler and Hans-Peter Kohler

Session 3 *Migration and Women's Employment*

'Gender and labour market among immigrants in some Italian areas: the case of Moroccans, former Yugoslavians and Polishes' by Gerardo Gallo, Francesca Grillo and Salvatore Strozza

'Migration and occupation change during periods of economic transition: women and men in Vietnam' by Sydney Goldstein, Yanyi Djamba and Alice Goldstein

'Double jeopardy? Female rural migrant laborers in Urban China - the case of Shanghai' by Wang Feng and Shen Anan

'Migration, gender and return to education in Shenzhen, China' by Zai Liang and Yiu Por Chen

Session 4 *Public Policy*

'Part-time employment across countries: workers' choices and wages penalties in five industrialized countries' by Elena Bardasi and Janet Gornick

'The impact of anti-poverty programs on female labor force participation and women's status: the case of Progresa in Mexico' by José Gomez de Leon and Susan Parker

'The gendering effects of parental leave policies' by Gerda Neyer

Session 5 *Union Formation and Dissolution*

'Economic opportunities and the transition to marriage among young women' by Amy Cox, Joan M. Hermsen and Jacob A. Klerman

'Divorce et carrières professionnelles en Russie pendant la transition vers l'économie de marché' by Patrick Festy, Lidia Prokofieva and Olga Mouratcheva

'Women's employment: a determinant factor or a consequence of union dissolution in Spain?' by Montserrat Solsona and René Houle

'Occupational sex segregation in Brazil: marital status and market work flexibility' by Eduardo Rios Neto and Ana Maria Oliveira

Session 6 *Fertility, Employment and Life Course*

'The influence of female employment and autonomy on demographic behaviour in Egypt' by Andrzej Kulczycki and Lucia Juarez

'Changes in female labor force participation in Mexico: assessing the role of labor supply, labor demand and the new international division of labor - Explanations' by Emilio Parrado and René Zenteno

'Female labour force participation, and fertility in the Wesb Bank, the Gaza Strip and Jordan: anomalies or standard cases?' by Jon Pedersen

'A dynamic study of the work-fertility relationship in Italy' by Carla Rampichini and Silvana Salvini

'Gender equality in the labour market - still a distant goal?' by Kari Skrede

'Education, career opportunities and the changing patterns of fertility: a study on 20th century Sweden' by Maria Stanfors and Lars Svensson

'Walking the tightrope: women's employment strategies following childbirth in Cebu, Philippines' by Meera Viswanathan

'Labour force patterns, gender relations and labour markets in Buenos Aires' by Marcela Cerrutti

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Gender in Population Studies

Series edited by Antonella Pinnelli
IUSSP Liège, 1999
ISBN 2-87108-069-11; 2-87108-070-4; 2-87108-071-2; 2-87108-072-11; 2-87108-073-9; 2-87108-075-5; 2-87108-076-3

Gender and Migrations in Asian Countries
Graeme Hugo

Women on the Move - Perspectives on Gender Changes in Latin America
Sally Findley

Gender, Labour Markets and Women's Work
Deborah DeGraff and Richard Anker

Mortalité, sexe et genre
Jacques Vallin

The Human Rights Dimension of Maternal Mortality
Rebecca Cook

Gender and the Family in Developed Countries
Antonella Pinnelli

Rapports de genre, formation et dissolution des unions dans les pays en développement
Véronique Hertrich and Thérèse Locoh

Material and Method in Gender and Population Research
Gianpiero Dalla Zuanna

Only recently has the importance of gender issues been recognised in population studies. Although the status of women was analysed in terms of demographic outcomes in the 1970s, not until the 1990s was there serious discussion about incorporating gender issues into the mainstream of demographic thinking.

Concepts such as women's status, women's position, women's empowerment, gender, gender roles, gender stratification and gender systems are now being widely discussed, and frequently used in population studies. The concept of a gender system is the most general because, as Karen Mason (1995) notes, it comprises the entire complex of roles, rights and statuses that surround being male versus being female in a given society or culture.

The publication of a series on *Gender in Population Studies* is an initiative of the IUSSP Committee on Gender and Population (Chairs: Brigida Garcia and Harriet B. Presser). The project was coordinated by Antonella Pinnelli, Paulina Makinwa-Adebusoye and Lawrence Adeokun. The need arose from the

scarcity of up-to-date overview materials on the state of scientific knowledge on how gender interacts with different aspects of demographic behaviour.

The series is aimed at academics and university students engaged in population studies. It also should be useful to international agencies, NGOs and population planners from government ministries of education, health, labour, women's affairs and the family, by increasing one's awareness of the gender implications of population-related policies and programs.

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IUSSP Policy and Research Papers

No. 5

Women's Roles and Demographic Change in Sub-Saharan Africa

Christine Oppong and René Wéry

Introduction

The Committee on Gender and Population of the IUSSP, in collaboration with the Institut Français de Recherche Scientifique pour le Développement en Coopération, ORSTOM, held a Seminar on Women and Demographic Change in Sub-Saharan Africa in Dakar, Senegal in March 1993.

A major objective of the seminar was to explore possible linkages between several aspects of women's status as workers, wives, mothers and citizens and a variety of demographic and environmental phenomena.

In 1988 the Committee had already held a global Conference on Women's Position and Demographic Change in the Course of Development in Asker near Oslo, Norway. This Conference was jointly sponsored with the Norwegian Demographic Society, the Nordic Demographic Society and the International Commission for Historical Demography.

Another rich source of information, insights and debate on related themes and evidence was the regional conference of the IUSSP held in Dakar, Senegal, in 1988 and hosted jointly with the newly formed Union of African Population Studies.

This monograph on the subject of **Women's Roles and Demographic Change in Sub-Saharan Africa: Research and Policy Issues**, is based on a number of the scientific papers presented and discussed at those meetings, as well as on some of the relevant papers presented at the IUSSP General Conference held in Montreal in 1993.

Analytical Problems and Hypotheses

For two decades or more there has been growing interest in exploring and documenting potential links between several demographic phenomena and various aspects of the changing position and associated status attributes (economic, social and political) of women's roles as workers (inside and outside the home), wives, mothers, kin, citizens and others.

Relevant scientific evidence of various kinds has been accumulating and subjected to analysis. The tasks involved, however, are complex and require an informed concern for the diverse and changing socio-cultural and political/economic institutional contexts, within which the positions, roles and associated statuses are embedded.

Among the frequently used indicators of women's position are women's control over various resources compared to that of men; the degree of their autonomy from men; or other aspects of their privileges or oppression intrinsic in social institutions. Such an approach takes a gendered perspective, in which the measure of comparison is men in women's own society.

Another common mode of analysis is to compare the resources available to women, such as education and occupations. These are frequently compared across cultures, to contrast the situations of women in different countries, socio-economic classes and ethnic groups.

Several possible relationships between women's position and the fertility and mortality transitions have been posited. Among them are the following:

1. Change in women's position directly contributes to the mortality or fertility transition. In this model an increase in women's autonomy, independence or control of resources is perceived as leading to a lowering in fertility and mortality. This seems to be the model of change which people have in mind when they argue that improving the 'status' of women will lead to a lowering of fertility or infant and child mortality rates.

2. Change in women's position is an intervening variable which explains why other variables lead to the mortality or fertility transition. This is the type of model in which, for instance, education for girls leads to greater female autonomy, which may in turn lead to lower fertility or mortality. If this happens, a policy to improve girls' access to schooling may simultaneously affect the desired demographic change and improve the position of women.

3. The pre-existing nature of women's position conditions the impact of other factors on the mortality or fertility transition. This model suggests that it is not necessary for the situation of women to change in order for their position to play an important role in the decline of fertility or mortality.

4. Change in women's position is determined by the mortality or fertility transition, not vice versa.

In fact an examination of the available empirical literature demonstrates a conceptual dissarray within the field and serious problems of research design and operationalization. A primary problem is often the vague nature of attempts to describe women's position and at the same time a multitude of terms used to describe and define it. A second problem is that of measurement. Accordingly, the unsolved problems of definition, measurement and comparison of female 'status' attributes still remain critical for most scholars in this field.

This means that there are major tasks still to be undertaken by scholars from several population disciplines. These tasks include improved definition of individual role attributes and development of suitable multiple indices of aspects of the associated statuses, which can be used for purposes of measurement and comparison.

These indices should be able to be manipulated in quantitative, as well as qualitative, comparative studies in the region. They will need to capture changes taking place in status attributes of several changing roles: maternal, occupational, conjugal, kin, domestic, community, among others.

Yet another concern is how to integrate demographic analysis into studies that are concerned with the study and explanation of the changing social institutions in which gender roles are embedded. These include systems of production and reproduction.

Furthermore, measuring demographic changes, given the data existing in the region, normally means comparing two survey results at relatively aggregate levels. There are few cases in which such comparable data sets are available at two or more points in time. Furthermore, the aggregate data may hide substantial behavioural changes which may have occurred in a subgroup of the population. Linking such changes to various status attributes may mean practically inventing the levels of aggregation at which the relationship should be studied.

In view of the many conceptual and methodological problems, it has proved very difficult to test or support hypotheses focusing on possible changes taking place over time. For example, the status of women as measured by educational level and employment situation in a demographic survey is defined at the individual level and implies that the range of 'statuses' found in the sample surveys is as varied as the values of the proxy variables.

Moreover relatively few girls or women have enjoyed secondary level or higher education. But it is often only at such levels of educational experience or achievement that schooling appears to have a noticeable effect on such out-

comes as numbers of children born (negative) or their rates of survival (positive).

BOX 1: WOMEN'S ROLES AND STATUSES: COMMON PROXIES AND PROBLEMS

To date the most common proxies used to represent female roles and associated status attributes in cross-national, comparative survey analyses have included number of years of school attendance and type of employment. This is partially the consequence of these facts being most readily available in socio-economic surveys, censuses and other sources.

However, the information on economic activity in such surveys is itself often flawed, calling into question the validity of such endeavours. Moreover there is only fragmentary evidence relating economic activity to control or allocation of scarce and needed household resources.

Additional problems are the levels of aggregation at which analysis is performed and the types of units which are used for comparative purposes and the cross-sectional nature of most studies.

What is more, women in a given society, whether educated or employed, may have a relatively low legal status vis-à-vis husbands, brothers and others. They may in fact, despite their education and income-earning, remain perpetual legal minors, with limited ability to make major life decisions or to enter contracts and without direct access to major forms of sustenance, such as land, labour and capital.

Furthermore, few women in Africa have salaried or waged employment outside the familial context. The rest live predominantly in familial contexts of reproduction and production. These familial contexts are dominated by a variety of traditional institutions, including marriage institutions. The changing and frequently disputed norms, beliefs and practices within these institutions do much to shape their lives.

The Development of Data Bases

This monograph does not intend to recount all technical, conceptual and methodological problems, and efforts to solve them, in studies of women's roles and demographic issues in Africa. Nor is it the goal to enumerate or synthe-

size all the detailed findings in the many empirical studies carried out in the past decade.

These are studies which have used a range of frames of reference. They have been undertaken by demographers, economists, anthropologists, geographers, psychologists, statisticians, political scientists and others.

The critical task is to identify and highlight evidence which points to some of the major aspects of women's changing roles and status attributes - which appear to be critically pertinent to the documentation and explanation of demographic change and lack of change - and to the design and development of national population policies and programs.

There have been a number of attempts to answer important policy-related questions over the past two decades - especially questions about the reproductive outcomes of relationships between women and men. They have served as spurs to a variety of major demographic enquiries. Several major surveys and a multitude of different types of small studies have attempted to explore some of the factors affecting timing and quantity of births and the health and survival prospects of mothers and their offspring. These major multi-country surveys include the World Fertility Survey (WFS), the Demographic and Health Surveys (DHS) and the Contraceptive Prevalence Surveys (CPS). Other studies have collated and examined the available evidence and devised estimates on rates of maternal mortality and morbidity [see the work of the World Health Organization (WHO)]. The International Labor Office (ILO) has assembled evidence on women's economic activities.

Unfortunately, data on productive and reproductive activities have been demonstrated to be flawed, and in many cases fragmentary. This has often resulted in dependence upon educated guesses. Moreover, data collection has often been sex-biased, in that records of reproductive activities have focused on females, while the economic activities of men have been generally better recorded than those of women. Despite these shortcomings, research efforts have led to several important developments. The latter have included the design of new measurement tools (for example, to measure maternal mortality - the sisterhood method); the construction of several series of survey data bases and more or less successful attempts to penetrate some of the past disciplinary barriers.

As a result of these endeavours, a wide-ranging multidisciplinary field of gender issues in relation to population and development policies has developed. Furthermore, the exclusive emphasis on women has been replaced by a more balanced approach, one which views females and males simultaneously, recognizing that the divisions of tasks, resources, responsibilities and rights between them is culturally embedded and varies from social group to social

group. This development of a rich research field over the past two decades has led to a marked increase in policy-related facts and analyses.

A major and unfortunate gap is the widespread lack of nationally representative or comparative demographic data sets, which can successfully link productive and reproductive activities of women or men and at the same time give some indication of what is happening to the crucial familial roles of spouses, parents and kin.

The household frameworks generally adopted for much data collection and analysis are recognized as having serious shortcomings. Meanwhile most of the demographic surveys, which get information on timing of births and child survival rates, have normally omitted information on the material and familial contexts of production and provision, within which these demographic events are occurring. In addition there is as yet inadequate documentation or understanding of the processes whereby fertility and mortality are impacted by labour migration.

Despite the rapid growth of this research field, many aspects of legal, political and economic status, which are vital to the demographic outcomes, lack comparative cross-cultural documentation. They remain only partially explored. These include, for example, legal rights concerning property and persons and the relative safety and protection from assault and violence afforded by community institutions and sanctions.

Aspects of community services, such as the relative costs of access to health and family planning facilities, have been better studied, especially as a consequence of the Demographic and Health Surveys (DHS). In addition, the growing recognition of the escalating threats posed by the AIDS pandemic has expanded the study of other aspects of women's and men's status attributes and behaviour. These include sexual relations and reproductive health, and the associated behaviour and knowledge, which intimately impinge upon reproductive health, fertility and survival. Thus a growing number of studies are attempting to document behavioural correlates of sexually transmitted disease and death, including HIV/AIDS.

In sum, despite considerable progress, recent overviews have concluded that much remains to be done if policy research is to fulfil its mission and respond to an array of urgent needs. These urgent needs include:

1. providing the guidance needed by national planners and policy-makers as they develop population, development and health policies and programs in the context of stringent budgets, particularly through the demonstration of the close interrelationships between women's roles, 'gender issues' and the achievement of population and development policy goals;

2. providing assistance to non-governmental organizations as they attempt to mobilize energy and resources to design and replicate successful action initiatives which will empower women as well as men, to promote lower levels of morbidity and mortality and to harmonize reproductive and productive goals, responsibilities and activities at the individual, household and national level.

3. making relevant information on women's roles, gender issues and population available to the donor community. Without their timely assistance, many governmental and non-governmental programs would scarcely be conceived or realized.

BOX 2: THE GROWING EMPHASIS ON SOCIO-CULTURAL PERSPECTIVES

The IUSSP has been one of the institutions in the vanguard of attempts to make demographic enquiries more culturally informed and aware, rooted in ethnographic facts and socioculturally sensitive.

The marked emphasis on socio-cultural issues in the deliberations and publications of the Committee on Gender Issues attests to the recognition that women's roles and gender issues are essentially culturally-embedded and -defined phenomena which need to be examined in a cross-culturally comparative and sensitive manner.

In addition, the IUSSP has established a Committee on Anthropological Demography, and there is greater emphasis on anthropological approaches, methods and perspectives in demography and population economics. This is reflected by the growing numbers of anthropologists who have become members of the Union, a development which occurred over the past two decades.

Demographic Facts: Reproduction and Survival

Economic and demographic data for sub-Saharan Africa reveal many grim realities. These include unacceptably high levels of poverty, disease and death, in continuing contexts of high fertility, rapid population growth and high rates of child dependency. Various sets of evidence show that living and working conditions are continuing to deteriorate as a result of economic recession, fiscal austerity and political mismanagement. For example, per capita incomes are below levels of 25 years ago, and according to current projections poverty, already widespread, is likely to increase by 50 per cent between 1985 and the year 2000. Impoverishment is already widespread.

As a consequence sub-Saharan African countries rank low on most indicators of socio-economic well-being, including the UNDP Human Development Index (HDI). Indeed many African countries, reflecting the low level of social development, rank comparatively lower on the HDI than in terms of income per capita. Two-thirds of the countries where there has been least progress in the HDI (even deterioration) in the last two decades, are sub-Saharan countries.

One of the most striking features in Africa over the period 1970 to 1990, in comparison with other developing regions, has been the stability of the high fertility pattern. Estimates of regional fertility trends hide some variations, including a rise in the fertility level in a few countries (including Gabon, Guinea and Mali) and a notable decrease in several countries (including Botswana, Cape Verde and Zimbabwe and also to a lesser extent Kenya, Nigeria and possibly Ghana). However the region lags far behind other regions in terms of the spectacular changes in reproductive behaviour that have taken place in many of the developing countries in the past twenty years.

Declines in fertility, where they exist, are associated with increases in use of family planning. In each country fertility varies among women in different regions and with different levels of education. Often the fertility of the elementary-educated is highest, indicating the relaxation of customary constraints and traditional sanctions controlling sexual activity. At the same time those who leave primary school have often not gained sufficient autonomy or resources to access effective, modern forms of health care and contraception.

In addition the fall in infant mortality over the same period has been lower than in a number of Asian and Latin American countries. The gains in infant mortality levels have been mainly the result of public health initiatives, including vaccination and oral rehydration. The gains in life expectancy achieved during the same period can largely be attributed to these gains in infant survival.

There are, however, African countries in which it appears that infant mortality has decreased very little or may even have increased. Among the reasons contributing to high levels of infant mortality are high proportions of births in risk-prone categories (too young, too close, too many, too late). This bleak performance of course reflects factors such as urban crises, collapsing public expenditures and diminishing social services - with their negative effect on public health and education; civil wars and ecological disasters. The latter, together with impoverishment, have led to massive migrations and growing numbers of economic and political refugees.

Maternal death risk is a subject for which synthesis of partial information and strong advocacy are leading to development of new primary health care ap-

proaches for delivery of services. Following the region-wide attempts to develop Safe Motherhood Initiatives, there has been an upsurge of practical efforts to improve the design and delivery of primary health care programs.

Studies of abortion are few, with the result that knowledge of the extent, causes and correlates and sequelae of induced abortion is poor. Evidence of its widespread occurrence in medically unsafe conditions and far-reaching negative health consequences is accumulating, as studies such as the multiple national studies supported by the Human Reproduction Program of WHO, as part of the work of the Task Force on Social Science Research on Reproductive Health show.

High rates of maternal deaths, pregnancy wastage and infant and child mortality are recognized as being associated with risky births. Risky births include those that are too closely spaced (less than two years apart, when the mother is not fully recovered from the previous pregnancy and the infant already born is not yet sufficiently mature) and those that occur when the mother is too young for motherhood or too old. In addition births are at risk when the mother has many children and is tired and underweight from overwork, energy depletion and malnourishment.

The most systematically studied aspect of women's roles in the region is numbers of children, patterns of childbearing and adoption of traditional and modern means which prevent, space and stop pregnancies. Teenage childbirth, if not marriage, is widespread with rates higher than in other regions of the world. There is serious erosion of traditional birth spacing mechanisms: exclusive breastfeeding and sexual abstinence.

The widespread pattern of adolescent childbearing has serious social, economic and demographic effects. It has serious implications for the inequalities suffered by girls and women in educational and vocational training systems and in employment. In addition, it profoundly affects levels of social and economic development in the region as a whole. It is partially a function of parents' poverty. Also, it partially results from the breakdown of traditional sanctions preventing sexual relations. This breakdown has seriously increased the proportion of births which are deemed 'at risk', and affects children's survival and their development.

It is increasingly realized that postponement of the first birth and adequate birth spacing are necessary for the protection and promotion of the reproductive health of adolescent girls and women. Furthermore, due to the fact that traditional mechanisms of birth spacing have eroded, modern methods are required to take their place.

BOX 3: MATERNAL MORTALITY: A REGIONAL CATASTROPHE

WHO has estimated that the maternal mortality rate for subSaharan Africa is over 600 deaths per 100,000 live births, - by far the highest for any world region. The figures vary from an estimated 1100 per 100,000 in Somalia to 52 per 100,000 in Mauritius.

The estimates for the subregions are:

Northern Africa	*500*
Western Africa	*700*
Eastern Africa	*660*
Central Africa	*690*
Southern Africa	*570*
Overall	*640*

The high maternal mortality is compounded by the high total fertility rates, with an average of more than 6 live births per woman. In rural areas it is quite common for women to have eight live births and to have been pregnant several more times. If at each pregnancy such a woman has a 1 in 140 chance of dying (calculated for a maternal mortality rate of 700 per 100,000), she has a lifetime risk of pregnancy related mortality of at least 1 in 15.

As a consequence of women's changing roles as wives, mothers and workers, there has also been in many countries a rapid erosion of the traditional pattern of long-term, exclusive breastfeeding of infants, with widespread negative impacts on child survival and development. In developed countries, breastfeeding tends to be positively associated with education. Women's education normally reduces breastfeeding behaviour in developing countries. It also reduces post-partum sexual abstinence; this, of course, is also true for developed countries. However, these effects are offset by increased age at marriage and contraceptive use. The effects of education are mediated by socio-cultural settings and therefore will be different from one society to another. A further issue is the way in which maternal education beyond primary level affects healthseeking behaviour and, consequently, child health.

Comparative demographic data, though, do not demonstrate the effects of separation of home and work or mothers' impoverishment, malnutrition and back-breaking workloads (partly caused by male absence and dislocation of economies) on their ability to breastfeed and promote child survival and development.

Women's Economic Activities and Resources

According to ILO estimates only one in ten or so of African adults is in formal sector wage or salaried employment. In addition women are unequally represented in the modern setting of the economy, where they tend to have mainly low-status occupations or low-paid jobs.

Most of the women registered as economically active are found either in agriculture or in low productivity, home-based production and service activities. However, the official documentation of these traditional economic activities is especially poor for women. This has significant repercussions for demo-economic analysis, economic planning and population and development policy-making, all of which try to take women's economic activities into account.

Lack of critical analysis of comparative data on productive and reproductive activities, including homebased and seasonal farm work, makes it difficult, if not impossible, to demonstrate associations between differences and changes in women's economic activities and resources associated with their occupational, kin, conjugal and domestic roles on the one hand and various demographic and health-related phenomena on the other.

For example small-scale studies show that there may be almost as many reasons to expect women's economic activity to have adverse impacts on child survival and health, as there are reasons for expecting favourable impacts. At the same time a variety of studies have highlighted the significance of delegation and sharing of reproductive and productive tasks between different generations of women, grandmothers, mothers and daughters within domestic groups. Analysis has shown the importance of substitutes for some of these tasks. If patterns of delegation and sharing of infant and child care reduce potential occupational/maternal role conflicts for mothers, then employment-induced constraints to childbearing and rearing are likely to be minimized. A case in point are the teenage mothers who let their infants be taken care of by their mothers.

Women's economic activity and control of resources are generally treated as potentially critical levers for engineering demographic change. A variety of small scale studies, however, show that there are many intervening factors affecting female control of resources and power to make decisions. These include decisions about food allocation and health-seeking behaviour. Moreover, the demographic impacts of these differences are shown to vary in contrasting ethnic groups.

Such enquiries indicate that more needs to be known in different cultural contexts about the precise linkages between women's capacity to produce and control resources and various demographic outcomes. This kind of knowledge

is critical for understanding barriers - including husbands' lack of support, prejudice and dominance - affecting access of women and children to health care and other community facilities.

BOX 4: INVISIBILITY AND IGNORANCE REGARDING WOMEN'S WORK

A major development in the recent past with regard to information on women's 'work' has been the realization that women's economic activities have remained partially or wholly 'invisible' to the international development specialists and national planners and policy-makers in the region.

This is so despite previous decades of evidence to the contrary from ethnographic accounts and several important regional and comparative works, as well as the more recent censal efforts.

One of the analytical problems related to data collection at the household level is that women's income-earning activities from cottage-based industries may merge closely into their 'domestic activities'. They may simply be thought of as extensions of their responsibilities and activities as daughters, sisters, mothers and wives. Even their own family members do not perceive them as doing more than 'housework'. Similarly, women farmers' food production may be perceived as simply an extension of their maternal responsibilities for feeding the children and consequently be discounted in economic analysis.

Moreover, traditional constraints associated with their familial roles, including control by husbands and high levels of child dependency, may affect women's ability to improve the productivity, profitability and investment levels of their economic activities.

Economic crises have often been the cause of public service retrenchment exercises, jeopardizing the ability of many salary earners to maintain their children in good health. Consequently some women who could previously afford not to work outside the home because their husband's income was sufficient, now have to find jobs. More generally and dramatically, growing numbers of women are being forced into the urban, low-productivity, informal sector of production and provision of services. Women's opportunities for employment may be affected by sexual biases in recruitment. A powerful pressure to take on any work, however dangerous or demanding, is the need to take care of children. The segments of the informal sector where women typically find an occupation often have little growth potential.

In contrast, in rural areas outmigration of males frequently adds burdens. Such trends may increase the value of child labour, thus serving as an even more

potent pressure for high fertility. At the same time excessive strains on pregnant and nursing mothers may be raising levels of maternal and infant morbidity and mortality.

Impoverishment and unemployment in urban contexts are associated with increase in the commoditization of sexual services, mainly engaged in by poverty-stricken, migrant women with no other sources of support (husband, kin, occupation) in order to maintain children. The manifold implications of this development for women and their families - including impacts on reproductive health, morbidity and mortality - are beginning to be documented.

Impacts of Labour Migration

Large scale movements of peoples are being triggered by a variety of situations. These include economic impoverishment; environmental degradation and alterations in the natural resource base; climatic change (including droughts) and population pressure. As a result people are being compelled to migrate in search of often elusive and mainly insecure and poorly paid employment. Migratory flows have increased considerably during the 1980s and 90s, as a consequence of high natural population growth and resulting environmental and economic pressures. International movement has often been facilitated by lack of strict border controls.

Labour migrants, female and male, play an important part in the economic development of most countries in the region. International migrants are new estimated to comprise eight percent of the sub-Saharan Africa population as a whole. In some countries the proportion is far higher.

Differential rates of economic growth and income levels over a period of time have resulted in changing in- and outflows of labour migrants, male and female, from and to a particular region. In many cases the social and economic status of migrant workers is especially vulnerable and subject to rude shocks and even aggressive repatriation. Female migration, on the whole a more recent phenomenon, has so far been less well studied than male. Its contexts, implications and impacts clearly vary widely.

The impacts of male migrants' remittances are extremely important to family levels of living in some labour-exporting countries and districts, but consequences of male absence for sexual division of agriculture labour and responsibilities in the family and on child development are like to be profound.

Evidence of the extent to which women are alone in areas of out-migration, responsible for their own and others' children in their capacities as mother and

grandmother, has been accumulating for quite some time. The increase in female-headed households in agricultural areas has significant impacts upon food production and security.

Indeed, the labour migration in its various guises is leading to many different kinds of changes in female and male roles and associated status attributes, with important implications for demographic outcomes. A variety of small studies shows the diversity of such impacts and potential linkages. There is, however, insufficient systematic comparative evidence on many of these issues and of the effect of migration on fertility and mortality.

Among other pathways of influence of labour migration on gender roles are effects upon the age and sex composition of populations and the erosion of kin and community sanctions on familial and sexual behaviour. Both of these types of changes bring people together in new contexts in which both innovation and deviance are possible and observed.

For example, a recent IUSSP collection of studies on sexual behaviour and networking has suggested that increased human mobility and urbanization probably increases the number of sexual partnerships over a lifetime. Also possibly implicated in such changes in this region of the world and others is the rapid and sustained communication of new ideas of what constitutes acceptable patterns of sexual behaviour. At the same time changing socio-economic circumstances, in particular rising levels of impoverishment, insecurity and isolation as well as rising levels of education, add new dimensions. Such considerations are obviously very pertinent to the design of policies and development of programs to curb the sexual transmission of HIV/AIDS.

In summary, the impact of migration on gender roles, with potential demographic consequences are the following:

- Relaxation of customary constraints and sanctions which mould sexual behaviour and

  a) protect the young and vulnerable

  b) link sex to responsible parenthood

  c) support abstinence during nursing.

- Separation of kin, jeopardizing their solidarity and capacity for mutual support and protection.

- Separation of parents and children, leaving the latter often relatively deprived of care and attention.

- Separation of spouses, endangering conjugal fidelity and consequently reproductive health.

- Increased prevalence of sexually transmitted disease and death.

- Burdening of women with unmanageable loads of productive and reproductive responsibilities, threatening food security and survival.

There is a prize for those left behind if lucky: sharing in migrants' remittances. To what extent, however, is this accompanied by a loosening of conjugal, parental and filial bonds and erosion of remittance flows? To what extent do the remittances make up for the losses sustained: losses in parental care and conjugal cooperation, which often jeopardize the processes of production and reproduction?

Impoverishment, Inequality and Insecurity

The inequalities and insecurities suffered on a wide scale by women in labour markets and marriage and within their kin groups have profound impacts on their socio-economic status and the burdens of responsibility which they are compelled to shoulder for rearing the next generations. Such inequalities and insecurities have profound consequences for women's abilities to increase the spacing of their births, to provide adequately for the daily and long term needs of their children or to negotiate safer sexual practices with their partners.

A variety of studies have called attention to the limited occupational opportunities, the low status of women, discrimination and occupational hazards. They have accordingly drawn attention to:

- the levels of unemployment faced by job seekers in the formal sector;
- the barriers and constraints faced by women in the informal sectors of economic activity and
- the insecurity, and precarious nature, of much employment.
- the levels of exploitation and harassment endured.

The evidence shows that modern sector employment opportunities are already minimal and will diminish in the future and, as a consequence, 'informal sector' work - that is, microentrepreneurial activities and self-employment (street or homebased) will perforce expand because of the need for survival.

Moreover, structural adjustment programs and continuing economic crises are pushing women further into informal, marginal, low-status and low-pay jobs. These include commercial sale of domestic and sexual services. Increasing numbers of women are compelled by poverty to have more than one economic activity or more than one sexual partner.

BOX 5: SEXUAL VULNERABILITY: EXPLOITATION, HARASSMENT AND VIOLENCE

Sexual harassment as a workplace hazard endured by many women with potentially serious consequences for reproductive health and demographic outcomes, has so far received comparatively little attention from researchers, policy-makers, lawyers or politicians. But evidence on this topic is beginning to accumulate, as is data on exploitation and violence against women in war zones, in refugee camps and households, and the potential demographic effects of these situations in terms of morbidity and mortality.

In a number of countries, evidence related to the escalating AIDS epidemic is prompting women's organizations and others to take up more vociferously the issue of sexual protection of vulnerable females.

New data show the greater vulnerability of females and underline the potential extent of this problem, particularly within the contexts of poverty, unemployment and job insecurity. Growing recognition, although slow, of the medical and demographic concerns involved - sexually transmitted morbidity and mortality - means that this agenda will have to be promoted more purposefully.

While traditional family farming and marriage institutions have been diminishing as sources of security and support for girls and women, the commoditization of sexual services has been proliferating as an individual source of income and survival for females. In some cities there are thousands of women earning a living by this method and they are often migrants. Sex for money in the context of economic hardship and the breakdown of customary sources of security is becoming an observed, if not accepted, way of survival for increasing numbers of women and their dependent children.

Women's flexibility, resourcefulness, endurance and survival are frequently being tested to their limits, as they try to support their dependent children in increasingly difficult circumstances. Evidence is mounting that many women workers are the sole providers for their dependents, young and old. Evidence of energy depletion, time pressures and fatigue point to the need for alternative sources of renewable energy other than that derived from their children.

A number of micro studies have documented some of the effects of the economic crisis on women's economic activity. On one hand, the income they obtain from their activities may give them some independence. This may facilitate control of their sexual relations or serve to enhance their marital status. On the other hand, women may be forced to take up an economic activity because of the drop in household incomes and consequent impact on the health

of children. Moreover, the majority of employed women are managed by men.

Child Spacing, Child-Care and Child Labour

By now much has been written by population scholars about traditional population balancing mechanisms in the region. These affect fertility and mortality, through constraints, checks and taboos. These in turn have impacts on maternal roles and reproduction. In the early eighties the full importance of traditional child spacing - both breastfeeding patterns and sexual abstinence - became apparent in the demographic literature of the region. Detailed studies of these phenomena show how critically important they are both for child survival and development and for the ability of women to balance reproductive and productive roles.

BOX 6: WOMEN'S WORK, BREASTFEEDING AND CHILD SURVIVAL

The ways in which working women cope with infants' feeding needs go largely unrecognized and unanswered in terms of workplace design and supportive policies. The few descriptions of rural cooperative creches and market-based kindergartens demonstrate how the problem could be partially solved.

Political will and structural change are required to ensure that the known benefits of breastfeeding can be enjoyed by all infants.

Supportive action would comprise appropriate legal and institutional reforms, including ideally, ratification and application of relevant International Labour Standards concerning Maternity Protection, as well as promotion of those institutional supports needed in places of work and elsewhere by Workers with Family Responsibilities.

Comparisons of national data have demonstrated the cultural differences in the patterns of change in breastfeeding intensity and duration. There is a serious gap, however, regarding the information which would help to explain differences and processes and causes of change and which would help to identify those mothers and children at risk, in terms of truncated or eroded breastfeeding and too-early weaning. This is so because of the already-mentioned lack of data sets on breastfeeding practices and childbearing, which include data on the effects of women's economic activities and location on the timing and duration of breastfeeding practice.

Considerable attention has been focused in the past on the so-called costs and benefits of rearing children and the processes whereby children change from labour assets for their parents into expensive consumers of education and other services. Meanwhile, growing evidence from the region has challenged the conclusion that fertility is simply the result of the economic and social involvement of the biological parents. Not only are non-parental kin often heavily involved, but much child care is by siblings scarcely much older, a factor now affecting many older sisters' schooling.

BOX 7: CHILD FOSTERING, TRAFFICKING AND CHILD LABOUR

As many as 20, 30 or more percent of children may be living with kin and others. Several patterns of arrangements have been identified. These include co-residence with grandparents, inclusion of mothers and their children in larger family households and the transfer of children between kin.

Children of poorer mothers with larger numbers of children are more likely to be sent to relatives and non-relatives. Women's propensity to take in children varies partly according to their type of economic activity, their labour demands and their economic standing. Fostered girls often have to do domestic work and look after children.

There is evidence from micro studies that attitudes to and practices of fostering, willingness and opportunities to delegate child care may be intimately associated with attitudes and practices relating to family size and family planning.

The importance of circulation of children among non-kin as domestic and other forms of labourers has also surfaced as an important phenomenon, especially as charges of abuse and trafficking for illegal purposes have come to the fore in the national press.

Trafficking in child labour between impoverished and betteroff families serves to support continuation of goals and practices related to high fertility among both rich and poor.

To ignore the economic and social involvement of others in child-rearing makes nonsense of the exclusive discussion of the role of childbearing and child rearing costs in fertility within the nuclear family. Its neglect also calls into question the logic of attempts to link women's economic activities and fertility levels, since sharing and delegation of child care may diminish any potential conflicts that might be experienced by women engaged simultaneously in productive and reproductive responsibilities. At the same time transfers of children to other families may serve as a form of planning family size.

Domestic Contexts of Procreation

The micro level analysis of the sexual division of labour, resources, power and decision-making in the domestic domain are of growing concern to population scholars. A variety of detailed ethnographic demography illustrates how intergenerational authority patterns within domestic groups can affect women's access to and control over resources and their consequent ability to promote child health. It also shows which factors affect men's decisions regarding paternity - which of their offspring to publicly accept as their own or to maintain and which to reject. Such behaviours are among the processes of domestic decisionmaking and resource allocation, which may vitally affect child development and survival outcomes.

As demographic enquiries have become more sophisticated and culturally sensitive, unitary household models as heuristic tools have perforce been adapted to accommodate recognition of separation, segregation, bargaining, competition, distancing and conflict between spouses and kin within domestic groups. In fact such processes are now themselves major topics for exploration, especially as systems of familial roles and relationships are observed to be undergoing profound transformations and even crises.

Within the complex nexus of domestic behaviour a critical issue is the extent to which female and male household members pool or keep separate the resources they produce and earn, and the proportion they each control and allocate to the promotion of child survival and development.

Adding to our knowledge of household dynamics and women's domestic roles are the studies focusing on single women or female-headed households. The phenomenon is becoming increasingly widespread in this as in other regions of the world, affecting large proportions of women - old and young - and their dependent children. Adult women in their childbearing years are assisted in their dual tasks of production and reproduction by grandmothers and young girls. In some countries the majority of children are raised without much support from the men who fathered them.

In Africa, as in other parts of the world, female-headed households are generally the result of a series of causes beyond the control of women. These include male labour migration, abandonment, separation and death. These processes occur in contexts in which traditional family patterns of female/male cooperation, through inheritance of widows or reintegration of adult daughters in parental or sibling households, are waning. An outcome of these changes is that the majority of the poorest households in a number of countries are female-headed and maintained.

Further policy studies of this phenomenon will be required in view of its profound implications for human development and for the relative share of women and men in the raising of the young.

Marriage and Sexual Relationships: Transformation and Crisis

Marriage in the region is characterized by the following characteristics: early age of first marriage for females, which has been rising somewhat of late, at least among those with more education; the continuing frequency of polygyny, divorce and remarriage and the escalating phenomenon of unmarried mothers.

Major transformations in marriage practices are also occurring. The speed of changes is reaching crisis proportions in some cases - with continual calls for legal reforms, court cases and battles and escalating rupture of unions - as norms, practices, aspirations and realities no longer match.

Among a few of the educated and employed minority of women, there is the phenomenon of the emergence of women living in unstable unions or preferring the situation 'deuxième bureau' to marriage. This has been shown to be correlated, not only with education but also with rejection of parental and traditional authority. An observed outcome is an increasing number of 'single' women in African cities, who may be neither celibate nor childless, but who certainly lack recognized husbands. The single state, before marriage, may well turn into a 'definitive' status for some women, which is more or less difficult to accept in the long run. Others opt for statuses which enable them to act as though they were married.

The growing proportions of single women not only reflect simply postponement of first marriage, but deeper changes altering the face of urban Africa. A critical outcome is increasing numbers of children born without effective social fathers. Another is the brittle nature of many unions, their short duration and the sexual mobility of individuals, especially in urban areas. This behaviour pattern has accordingly profound implications for child development and reproductive health.

The knowledge that the public health risks of the AIDS epidemic in the region are only likely to be contained if adequate knowledge is developed regarding the modes and contexts of its spread and how to change it, is leading to an increase in studies on sexual behaviour outside, as well as inside, marriage and on the behaviour of women, as well as men, who have short-term or multiple sexual partners.

In particular there has been concern to examine the extent to which women can or do control their own sexual activities and relationships in different situations and the extent to which they are compelled by patriarchy, poverty or powerful sexual seduction to engage in risky behaviour. Evidence has been adduced to support the hypothesis that the greater the imbalance in sexual freedom between men and women, the more rapid the progress of the HIV/AIDS epidemic, through male resort to prostitution.

Women's Roles: Research Issues and Some Implications for Population Policies and Health Programs

Policy Research Needs

Systematic, comparative data sets now exist on women's roles and on aspects such as fertility rates, child survival and family planning. We know most about the quantity and tempo of childbearing and the modes adopted to space births. There are other significant areas in which such comparative information is largely lacking.

A number of crucial aspects of women's roles and statuses linked to demographic and health issues still wait to be brought more fully on to the agendas of researchers and policy-makers. These include potential impacts of women's workloads on breastfeeding intensity and duration, ovulation patterns, pregnancy outcomes, birth spacing and infant survival and development; contexts in which conception and abortion occur; correlates and causes of maternal mortality; the nature of kin and partner relations affecting divisions of parental responsibilities; the extent to which women's occupational roles in extra-familial contexts and their impoverishment and family responsibilities are putting them at risk of sexual as well as economic exploitation, with their consequences for reproductive health and survival.

There are still signs of sexual bias in many research designs and approaches. This is witnessed by the fact that we know far more about women's reproductive careers than their productive careers. Conversely, we know little about men's procreative activities and child-rearing behaviour and more about their employment and occupations. Such biases have serious implications for the study of the nature of gender roles and statuses and the kinds of policy advice and program design which can be based upon it.

Such biases will need to be overcome, if a more gender sensitive and aware analysis of female and male roles in demographic change processes is to be achieved. In particular more attention will have to be focused on male roles in

parenting and on the effects of male irresponsibility and 'free-riding' behaviour on female status, fertility and child development outcomes. Significantly comparative analysis of ethnographic facts carried out earlier has indicated that male involvement in the domestic sphere is likely to be a crucial factor affecting female status in the community.

Women's work needs to be better taken into account in population and development policies. To link it more effectively to demographic outcomes such as child survival careful attention will need to be paid to women's time use, time needs, pressures and strains and energy bottlenecks. These considerations also have important implications for rural development and agricultural policies and provision of access to energy sources and labour saving machinery and implements.

Reduction of strain upon the energy and time of female producers would cut down the need for child labour for family survival. Such innovations would allow girls and boys to have more time for learning new skills, and gaining knowledge would prevent children from being the only source of renewable energy available to their mothers, with the consequent pressures for high fertility which this entails.

At the same time modes of organizing production and patterns of control and consumption of resources and products of different types need to be taken more carefully into account. This is so because it is important to make sure that those who have the responsibility for maintaining and raising the next generation have the means to do so. The latter are often female. Yet a frequently witnessed pattern of events is that larger burdens of child-maintenance responsibility fall to females who are the poorest of the poor. This is having serious consequences for female status and for the human development of the next generation.

Critical in this regard are the legal frameworks within which women can or do have access to land and own capital and control labour and the problems they face in their endeavours. If women's access to land and labour is mainly attained through marriage and motherhood, then pressures for high fertility are built-in and will persist.

Sexual coercion, exploitation and harassment in various forms need to be more explicitly recognized and addressed, particularly in terms of the consequences for AIDS prevention. In this regard policies and programs to protect girls and women and promote equality of opportunity and treatment in places of education, training and employment will be crucial.

There is also need for more explicit knowledge of sexual and marital norms and practices, to better underpin the design and delivery of reproductive health information campaigns and service delivery programs.

Conflict, Strain, Stress and Demographic Outcomes

Evidence from a wide variety of studies suggests that the knowledge, resources, options and supports available to women in their productive and reproductive tasks and responsibilities greatly affect not only their own levels of stress, coping ability and health status, but also the numbers, health, survival and physical and psychological development of their offspring.

For many women the breakdown of traditional institutions and mechanisms, combined with the comparative lack of access to modern resources and opportunities, is leading to intolerable increases in strains and stresses. This is a result of their heavy combined productive and reproductive responsibilities. Yet the seriousness and dimensions of these strains and responsibilities are apparently not yet sufficiently addressed in policies and programs.

The cross-national comparative research agenda, however, starkly reveals widespread demographic evidence of the outcomes of these strains. These are the unacceptably high levels of risky births, malnutrition, morbidity, maternal and infant mortality and the widespread inability of mothers, as well as fathers, to balance family resources and family numbers and cope with the needs of offspring.

An additional grave cause for concern and escalating anxiety in many countries is the rapidly rising percentage of sexually transmitted HIV cases. Anxiety regarding its consequences for family and national survival is focusing attention on protection of the girl child, who is especially vulnerable, in view of the evidence on teen pregnancies, HIV status and abortion-related, deaths among teenage girls. As a result, promotion and protection of reproductive health of girls and women as well as of their families is becoming a matter of national emergency in many countries.

Some Policy Options

Several of the gender issues highlighted in this monograph are necessarily at the core of population and development policy and program formulation. They are among the key elements necessary to achieve economic and demographic goals, including health and human development.

What, then, are some of the policy and program issues to be addressed by African Governments during the rest of the decade with regard to women's roles and gender issues in relation to the economic and demographic crises pervasive in the region?

Unfortunately, provision of higher education and formal sector job opportunities for the majority of women are not feasible options open to most African

governments wishing to lower rates of infant mortality and fertility, much as they might like to make such choices.

Until the time these become realizable goals, other avenues to demographic innovation will need to be explored. These will include promotion of access to land, water, renewable energy sources, agricultural knowledge and inputs and mechanized rural development strategies, which obviate the need for child labour.

Access to Health Care and Family Planning

An important condition for promoting and protecting reproductive health and survival of women and their children, as well as for facilitating the demographic transition, is provision of primary health care and family planning services. Accessibility to such services is crucial to their widespread use. However, provision of modern forms of health care has been dwindling in many countries in the past decade in the face of populations doubling over twenty years and savage cutbacks in health budgets.

Important factors which hinder the adoption of modern contraceptive methods are lack of Family Planning staff trained to cope with peoples' needs for information, advice and counselling.

Another hurdle to be overcome is the need for programs to take account of culturally and socially diverse local needs and conditions. This has not, however, prevented the apportioning of blame to women, as if the lack of adoption of modern methods of birth control is their fault.

In reality for the majority, especially in rural areas, services and commodities are unavailable, despite the improvements which have been made in the past decade.

Empowerment and Mobilization of Women's Groups

The available evidence points to the need to empower women as well as men to gain access to needed resources, to make informed choices and to take effective action with respect to their reproductive and productive lives. Without such empowerment the innovations needed to lower rates of malnutrition, morbidity and mortality, to promote child survival and development are not likely to occur.

There is evidence of the ability and efficacy of women's groups in adopting and adapting innovations which have the potential to profoundly affect economic and demographic outcomes. In a number of instances in different countries in the region women in rural and traditional areas - where fatalism

and pronatalism persist - have been adopting new practices, thus showing the pervasiveness of latent demand for changes which will promote family well-being and survival. Indeed, in many cases questions have been posed as to whether existing services are meeting women's needs and what the dimensions of such unmet needs are.

Box 8: Female/Male Access to Education

Almost all countries in sub-Saharan Africa record disparities between girls and boys in access to education. Even the countries with a good record in this regard would have to make a concerted effort to bridge the gap, especially with regard to vocational, technical and higher education.

For example, Ghana would apparently need to spend $53 million to close the education gender gap. This shows enrolment of girls at secondary school to be 31 per cent of the overall population for students. In Nigeria the gap is even greater and would require expenditure of nearly $113 million to bridge.

An important issue is not only to enrol girls in primary school but to see that they remain in school. Many become school drop-outs as a result of pregnancy and domestic labour demands.

Another concern in the 1980s and 1990s has been the levelling out and even the fall of school enrolment rates. Behind this situation, there are valid economic and social considerations from the parents: increased costs of education, its deteriorating quality, very poor employment prospects, falling wages and shrinking wage scales. This unfortunately does not take into account societal and long-term benefits of sending children to school. This situation may further delay any expected African fertility transition linked to girls' education.

Box 9: Family Planning: Related Attitudes and Behaviour

Among the findings of studies on family planning are the lack of access to high quality services, the prevalence of method side effects, poor compliance and method failure, and opposition from family members and peers. These are all influential factors, as they are in other parts of the world.

Also, even if the official position of many African governments in regard to population growth and family planning has changed, commitment may, in practice, still be somewhat tepid.

The changes wanted and needed are those which will help them to improve their agricultural practices, cut down their domestic workloads, improve the productivity of cottage-based industries and help them plan, postpone and space births, so that they can combine promotion of child survival and development with work schedules.

Many examples demonstrate that even in very traditional rural societies there are latent demands for family planning. A major problem is to ensure that the demand for contraception aroused by information, education and communication activities can be satisfied by the services locally available.

Policies of African governments toward family planning have progressively evolved over the past three decades. Programs have now been developed in most countries which support family planning and, in some cases, family life education for schoolchildren. There has, however, been a minimal adoption of modern contraceptive methods by most African populations. Effective access still eludes the majority of women and their sexual partners in sub-Saharan Africa.

Protection of the Girl Child

Among the realistically attainable policies and programs which will need to be put into place to attain goals for promotion of survival, lower mortality and fertility and enhanced human development, are the economic, social and legal support and protection of young girls. If it is not put in place the reproductive health and survival of whole generations is seriously at risk.

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Women, Poverty and Demographic Change

Julieta Quilodran

Introduction

This policy monograph on the subject of Women, Poverty and Demographic Change is based on the papers of a seminar on the same topic, organized in Oaxaca, Mexico by IUSSP.

The state of current research gives us a reasonable idea of the levels and patterns of demographic phenomenon. We have reached a point where general and infant mortality patterns, reproductive and migratory processes, as well as labour force composition are not unknowns anywhere in the world. Nevertheless, this is not sufficient; there remains a need for policies that support the struggle for the betterment of life conditions for the population at large.

The elimination of poverty is one problem that must be urgently confronted. Almost all international meeting agendas feature consensus on the issue of poverty reduction. However, poverty, in spite of its universal recognition, is not a concept around which there is agreement. Poverty is a social phenomenon and as such, varies according to culture and the level of development. The establishment of a group of indexes that might measure poverty is still an incomplete effort, in spite of the many attempts. Dealing with women's poverty is even more problematic. One school of inquiry asks whether women are poorer than men; another relates the role of women to the context of overall development.

Understanding the conditions of women's lives and the impact their decisions have on important aspects of social well-being, such as child care, fertility regulation, or the management of environmental resources in rural areas, is of fundamental importance. A multitude of tasks rest in women's hands. The manner in which women manage these tasks has profound repercussions for society. For this reason, women have received a privileged place in recent analyses. This does not mean, however, that women should be analyzed in an isolated manner; rather, the study of women's lives should be tightly linked to all of society and particularly men.

Men have been and continue to be important actors through their power within the family and society at large. In order to transform this situation and achieve equality between genders - an aspiration that is far from being realized - men

must be incorporated into the process of change. The nature of gender relations should be modified, and women and men must both participate in this change. Currently, there is an 'over-responsibility' borne by women. Women are now expected to carry out all the changes that society demands. In reality, this challenge must be assumed by society as a whole, which should create the appropriate conditions for change. Society cannot add on to the burden already carried by women, especially in traditional communities, where women are the sole actors in development.

Governmental and other social agency action is urgent, since it has been proven that women's poverty is more severe than that of the rest of the members of her family. This greater poverty is linked to her status, that is, the position that she occupies in her family and, more generally, in society. In many places, women are prohibited from ownership of goods, cannot inherit, have no access to health, cannot choose her husband, and cannot even move freely. To a large extent, patriarchal structures and religious prohibitions regulate the lives of women in many regions of the world.

Analytically, it is difficult to demonstrate the relationships between women, poverty, and demographic dynamics. There is little agreement around the concept of poverty and studies on the topic usually take the household as the unit of analysis, without differentiating the levels of poverty of each individual household member. In the absence of a solid definition of poverty, it is complex to relate the three variables mentioned above; it is far easier to relate demographic characteristics with income levels or women's educational level. Cultural dimensions involved are even more difficult to capture and are, in general, limited to small-scale studies. These studies are very suggestive, especially regarding the institutional determinants of women's status.

Women's autonomy constitutes a key element of her social status. Some define autonomy as freedom of movement and the degree of influence women have over household decision-making. Unfortunately, there is little consensus on the definition, although such a definition would be useful in the comparison of countries. If we consider that women's participation in society is an essential component of development, the degree of women's autonomy gives us a sense of the level of development in each society. We have established that women who have achieved autonomy are better able to participate in the economy and obtain a salary. This salary usually contributes to the improvement of a woman's status and her children's well-being. With access to adequate goods, children are not obligated to enter the work force early and abandon their studies.

In spite of the conceptual vagueness that still exists, recent research points in the right direction. Women's autonomy is part of her status and this, in turn,

contributes to social development which constitutes part of demographic change. For this reason, it is important to understand this dynamic with the end of formulating necessary policies to transform the idea of women's autonomy into a global reality.

What is Poverty?

The definition of poverty cannot be reduced to a simple measurement of the income level of the household, which is how the so-called 'poverty line' is defined. In developing countries, many of the goods that households consume are not market-sourced and do not translate into income. In the past, minimum standards used to define poverty have included food consumption, housing type, and the degree of access to public services. It is also worth mentioning that the definition of levels of poverty on a "basic needs" criteria vary from one context to another and has been the subject of a great deal of debate. In some cases, indicators of stored food and school attendance are included in the index. When taking criteria other than income into account, levels of poverty generally tend to decline, as can be seen in the case of Colombia. In Colombia, poverty levels were reduced from 51 percent to 37 percent when estimated on the basis of basic needs rather than income alone.

The Poor Woman

Up to now, we have discussed poverty in general, but have not focused specifically on women's poverty. In this sense, gender studies are very relevant, as they allow comparisons of physical well-being between men and women. A gender focus can also illuminate women's concepts of self-value and negotiating power.

Some aspects that have been considered important in the study of women's poverty are:

a) the power of decision and control that women have over household resources;
b) women's participation in public fora;
c) women's reproductive rights, including control of sexuality;
d) women's reproductive health; and,
e) marital stability and domestic violence.

Control over household resources, rights to inheritance and credit, economic participation outside the home, as well as rights governing a woman's body

constitute definitional elements of women's status, and therefore, women's poverty level, or put another way, women's well-being.

Women and Salaried Employment

One characteristic of women's salaried employment is its subsidiary character. A woman work as long as it is necessary for the upkeep of her home; once these conditions improve, she abandons her job. If a rural woman works outside of the home, an indispensable pre-condition is possession of the means of production (land, cattle, business); the poorest women are not able to participate in the rural work force without these pre-requisites. This points to a need to ensure salaried work in locations close to the home, since, among other things, commuting to a job requires available cash money. Convenient work opportunities close to home give women access to income, which is in many cases indispensable to the maintenance of her family. However, this need is not restricted to poor women only; women who have some education and formal qualifications (teachers, nurses) also require convenient work opportunities. These women have even resorted to low paying agricultural jobs to avoid having to commute long distances.

One element that clearly demonstrates the disadvantaged position of women in the workplace compared to men is the number of hours worked weekly. In the case of rural populations in Pakistan (Box 2), when salaried and domestic work is summed, women carry a heavier load of hours than men. Women work 52 hours weekly on average (of which 32 correspond to domestic work), while men work only 45 hours a week. In Bangladesh, the estimated number of hours worked weekly is even higher: 70 for women and 63 for men.

Education is another important component of women's status. Education confers negotiation power that empowers educated women to demand better remunerated employment, particularly in comparison to their poorer and illiterate counterparts. Once a population has reached a relatively high level of education, this variable loses its discriminatory capacity.

Marital status and hierarchical family structures also affect women's participation in the labour force. For this reason, a single, poor woman participates most actively in economic life in Sri Lanka; as opposed to other countries where widows and abandoned women are more likely to work. On the other hand, leaving the home to work implies that women break with the rules of seclusion imposed, in certain areas, by religion, or in other areas, by the head of the family.

BOX 1: A DEFINITION OF POVERTY BASED ON AN INDEX OF BASIC NEEDS OR QUALITY OF LIFE

In the Colombian studies, a concept of poverty was used which was based on the absence of basic needs. Households that fulfilled at least one of the following specifications were considered poor:

a) inadequate housing, meaning housing with dirt floors in urban areas or housing built with precarious materials and having dirt floors in rural areas;
b) lack of water sanitation;
c) overcrowding, meaning more than three persons per room;
d) lack of schooling, meaning that there was at least one child aged 7 to 11 years who was a relative of the household head and did not attend school (Colombia, 1991).

Another concept used to define poverty is "quality of life". This is more comprehensive but, at the same time, more difficult to estimate as it is comprised of a larger number of indicators of the physical situation of persons that are defined as follows:
1. Access to employment or income, education, health (including certain nutritional conditions), and information.
2. Access to ownership, common ownership and legal protection.
3. Access to leisure.

Other simple measures of poverty that go beyond the income level of individuals would be, for example, educational level, durable consumer goods or the possession of production goods.

Poverty and Reproductive Life

The degree of a woman's autonomy has a great impact on the size of her family. In India, for example, the poorest women have least autonomy and need a larger number of children to guarantee their subsistence. These children will leave home at an early age to work and contribute income to the household. In contrast, those women with larger incomes have higher educational levels and greater autonomy. This autonomy also translates into higher rates of contraceptive use and fewer children.

Another advantage to poverty reduction is the improvement of familial well-being and, closely linked to this, improved child survival. With autonomy and education, women are more interested in planning their births and accepting the use of contraceptives to limit or space births. One example of this phenomenon has been witnessed in Bangladesh where a community participating in a development programme was compared to a community which received

no intervention. Results from this study showed that women were more likely to put monetary contributions into the upkeep of the household. As an added benefit, a woman's contributions tended to strengthen her position within the family, increasing her autonomy to make choices about, among other things, the use of contraceptive methods.

Nevertheless, the relationship between poverty and the use of contraceptives is not as clear from other perspectives. In Brazil, for example, there are no significant differences between social groups with regard to their use of contraceptives, not even in the case of sterilization among young women (15-29 years old). The relationship between poverty and abortion is even less clear.

Within the Themes of Poverty and Reproduction, Adolescent Motherhood also Plays a Role in the Worsening and Reproduction of Poverty

Young motherhood, before 20 years old, carries multiple disadvantages. Some of these include dropping out of school and parental disownment, at a time of total economic dependency on parents and scarce assistance from partners. In Nigeria, adolescent mothers are often the second wives of older men, or the first wife of an adolescent boy. In the case of the latter, the mother and her child become additional burdens to her parents' home, which tends to increase poverty. In spite of the permissiveness that exists in pre-marital sexual relations, there are few avenues of assistance for young women who become pregnant.

Women who give birth before their 20th birthday experience greater poverty levels than those women who wait to begin their families later. Adolescent maternity blocks the potential for the personal development of the mother herself, as well as that of her family. Pregnancy, in addition to cutting a young mother's education short, pushes young women into the work force with few skills, where they are obligated to assume poorly paid positions, generally as domestic servants. Given these conditions, it is possible to affirm that adolescent pregnancy propagates poverty (see Box 3).

It has also been observed that adolescent pregnancy is the result of few alternative life choices for young women. The absence of life options is most common among women from lower socio-economic classes, where women are portrayed in very traditional male-female roles. As a result, women are likely to submit easily to the authority of men. This same traditionalism impedes negotiation about the use of contraception to protect from the risk of pregnancy in a pre-marital sexual relationship.

BOX 2: WORK PATTERNS OF MEN AND WOMEN BY SELECTED CHARACTERISTICS IN PAKISTAN

	Participation all economic work		*Hours of work*		*Hours of household work*
	Males	*Females*	*Males*	*Females*	*Females*
Provinces					
Punjab	*0.68*	*0.42*	*44*	*21*	*31*
Sind	*0.71*	*0.51*	*47*	*23*	*38*
NWFP	*0.55*	*0.39*	*45*	*16*	*30*
Baluchistan	*0.53*	*0.31*	*47*	*20*	*27*
Agro-Climatic Region					
Rainfed	*0.68*	*0.43*	*45*	*22*	*33*
Irrigated	*0.61*	*0.44*	*46*	*18*	*31*
Family Type					
Complex	*0.67*	*0.42*	*47*	*21*	*34*
Nuclear	*0.67*	*0.48*	*46*	*21*	*37*
Extended	*0.66*	*0.42*	*44*	*21*	*30*
Laterally Extended	*0.62*	*0.40*	*44*	*17*	*26*
Economic Class					
Missing Information	*0.60*	*0.52*	*48*	*28*	*37*
No land/business/ livestock	*0.57*	*0.16*	*48*	*26*	*34*
No land/business/ but livestock	*0.61*	*0.48*	*52*	*19*	*33*
No land but business	*0.65*	*0.34*	*43*	*24*	*31*
Sharecropper	*0.75*	*0.56*	*43*	*24*	*32*
Land Owner	*0.67*	*0.50*	*41*	*17*	*31*
Total	***0.65***	***0.43***	***45***	***20***	***32***

In Pakistan, women's participation in extra-domestic work is always less than men, regardless of region, family type, or economic class. Nevertheless, gender differences are diminished in the case of women from nuclear families. In contrast, the number of hours worked weekly outside of the home is greater for men than for women. If domestic work is added, the relationship is inverted. In this case, women gain between 7 to 13 hours of additional work weekly compared to men.

Compared to adolescents from lower socio-economic classes, young women from the upper middle class have more options, and have other interests outside of motherhood that seem realizable. However, these class differences are not expressed through age at first intercourse or the person with they experience first intercourse, who is almost always a husband or boyfriend.

BOX 3: THE ROLE OF THE FAMILY IN ADOLESCENT MOTHERHOOD

The amelioration of poverty and a woman's ability to pursue life opportunities are directly related to the level of assistance received from the young mother's family (i.e. their own parents and kin). In the absence of official or state welfare programmes, the financial and other contributions of adolescent mothers' families become a crucial factor in determining their eventual poverty level. Where such contributions are lacking or minimal, the ability of adolescent mothers to educate their children is severely constrained.

Adolescent pregnancy is usually unplanned and restricts the arena of action for young women, focusing them on maternity and its responsibilities. The pregnancy creates a situation of fragility for both the mother and the child, independent of its effect on the family at large. As lower socioeconomic groups tend to be more traditional, and consequently most resistant to the use of contraceptives, it is necessary to accept the existence of a vicious cycle between poverty and adolescent pregnancy that must be broken. To this effect, it is vital to understand the motivations that underlie reproductive behaviour and unravel its psycho-social conditioning. This path seems promising in the better comprehension of women experiencing early pregnancies.

Marital Status and Poverty

Marital status exerts a strong influence on the likelihood of integration of women into economic activity. Single women are most likely to be economically active, and if this same woman is poor, her activity is likely to increase yet again. This effect varies across countries; there are a few countries where social rules governing women's seclusion are strictly enforced and leaving the home to work would violate these rules. Those that risk going to work find themselves in extreme situations, where the survival of the household would be severely threatened if additional income was not forthcoming. For this reason, those women that are most economically active tend to be widows or divorced.

The status of widows and divorced women leads almost inevitably to poverty. The daughters of these poor women, who also serve as household heads, form very unstable unions which often end in a return to the mother's home. This return, alone or with children, compounds the poverty of the female-headed household. This poverty then leads to the formation of poor and unstable households.

A few community development projects in India and Bangladesh have attempted to reach poor women without access to land or other means of production in order to create jobs that would allow them to work close to home. However, there are few women that dare to violate the laws of purdah, in spite of the opportunity to earn cash to alleviate their poverty (see Box 4).

Prolonged singledom allows women greater participation in economic activity, with its consequent opportunities to obtain money in order to improve conditions of their lives. In contrast, in societies where marriage occurs early, those who remain single are few, and the phenomenon of the single woman is concentrated in widows and divorced women. The proportion of single women is larger if separated and divorced women are included in the figures, especially if instability as a result of voluntary causes is common.

BOX 4: WOMEN AND PURDAH IN BANGLADESH

Purdah can be understood as a broad set of norms and regulations that promote the seclusion of women, enforce their exclusion from public spaces, and give specific gender identities to labour. This conception of seclusion applies to women of all the major religions in the country, even though some of the symbolic expressions may be different. Purdah is centrally about the subjugation of women and is sustained by a powerful cultural and religious system, the net result of which is that observance of purdah grants status and prestige, and non observance erodes status.

As has already been mentioned, in some societies, marital stability is seemingly linked to the possession of capital at the beginning of the conjugal life. However, the lack of economic resources is not the only cause of instability; studies have shown that the economic characteristics and the stability of the family of origin also influences the stability of children's own families. There are differences by type of family of origin, propensity to marry more or less early, the type of union, motives behind marriage, and finally, the level of conflict of the new couple.

The reproduction of conflictual relationships from one generation to another is an interesting topic. Poor families are likely to be more conflictual than the 'non-poor'. The daughters of these families are also more likely to reproduce these patterns in their own families. In other words, poor families are likely to generate new generations of poor, unstable families.

Relevance to Health Services

Governments play an important role in the creation of health service infrastructure. The action of the state in this realm cannot be substituted by the actions of individuals, although most efforts are complementary.

The quality and range of services has been greatly affected by the reduction in public expenditure on health education over the past decade as a consequence of economic adjustment policies implemented in many developing countries. It was in this context that the focus of health services was transformed from a social to an individual responsibility. The results of this transformation have had the greatest impact on the poor, and poor women in particular, who are more dependent on public services. Poor women have borne the brunt of this so-called individual responsibility.

Within the realm of women and health, another issue frequently discussed is the causal relationship between a mother's education and the health of her children. However, in many countries, there is no consistent association between women's education and lower mortality in her children. Current scholarship promotes the following three arguments:

1. Women's educational level is a proxy indicator for individual characteristics of the family, such as income, social class, and residence.

2. Women's education level is a proxy indicator for community characteristics.

3. Education of mothers reinforces hygienic behaviour, precedes fertility decline, and confers greater autonomy for women. These factors, in turn, lead to an increase in the use of medical services.

One of the principal arguments against these hypotheses is that mortality has none of the same characteristics of fertility, whose decline can be achieved exclusively with the use of contraceptives. On the contrary, mortality reduction requires a series of activities: immunization, availability of food and potable water, health services, and parental knowledge and care. For this reason, it is not sufficient to merely educate women. A parallel government programme is needed to promote health services. In the case of mortality, social

responsibility is especially important, as individual actions are not enough to promote the development of women and their families.

BOX 5: USE OF HEALTH SERVICES IN EGYPT

Egyptian women who are in a socioeconomically advantageous position are much more likely to utilize maternal health care services than younger and low parity women. Thus, programmes aimed at improving women's access to education and paid employment, increasing women's access to family planning services, and improving the general living conditions in rural and less developed regions will contribute to the reduction of maternal mortality and morbidity. However, direct interventions targeted at specific disadvantaged groups can also have a positive impact on use of maternity services, as was seen in the effectiveness of a mass public campaign to increase tetanus toxoid coverage in Egypt.

BOX 6: MATERNAL EDUCATION AND CHILD HEALTH

The link between maternal education and child health is not as strong as is generally believed. Moreover, an exclusive focus on women as procurers of family health overstates the importance of maternal factors on child health. Such a focus can even have negative consequences because it is sometimes used to justify reductions in state responsibilities for the provision of public health and basic infrastructure such as water and sanitation. These observations suggest a need for more research on the causal linkages between maternal education and also suggest a need to treat any apparent associations with caution.

Is Migration a Means to Reduce Poverty?

Migration can be seen as a process through which individuals are able to increase their probability of earning higher salaries. In situations where low occupational status is associated with low salaries and poor work conditions, and where this is also linked to poverty, migration represents a sort of escape.

The absence of salaried employment close to home forces women to migrate. However, what women receive in exchange for the move is little; at the most, their poverty is marginally alleviated. Women's low educational status limits their alternatives: many women are forced to take informal work in sweat-

shops or in domestic work. Turnover in domestic work is high and implies additional national and international displacement.

Although migration does not guarantee better economic conditions in the long term, migration does grant a degree of independence or autonomy that is not available in their places of origin. Nevertheless, this same independence can be gained when husbands migrate and women are left in charge of land and cattle. The self-worth that is gained in these cases can transform women's traditional relationship of dependency to men.

In general, men tend to migrate more often than women. There are some cases of preferential migration of women. In the latter setting, power relations inside communities play a role: greater control of women leads to their migration. In some parts of Africa, the level of subordination to the patriarch, ethnic origin, and the co-residence of brothers affect the selection of migrants and their destinies.

Migration is not an individual act; it forms part of the reality of family and community survival strategies, which in accordance with the extant authority relations will favour the migration or retention of certain members.

Women and Environment

The relations between women, poverty, the use of resources and the environment is complex. Further, the relations are dual: on the one side, women have an impact on the environment; on the other, there are effects of environmental degradation on women. Whatever the form, the role of women in sustainable development is vital.

In rural areas, women must fetch the necessary water and fuel for cooking. To obtain these natural resources, women create pressure on the environment. The larger the family, the larger the required quantity of resources, the larger the pressure on the environment. To reduce this pressure and create the conditions for sustainable development, rural populations must not view their survival as a function of existing forests. The so-called 'eco-feminist' sees women as one of the primary victims of environmental degradation, but at the same time, emphasizes the role of women responsible in the solution of environmental problems.

Tree planting projects for women have been blocked by women's own subjective ideas about the nature of female work. For these women, it is difficult to carry out work that is considered men's work when they are also obligated to perform domestic tasks intrinsic to their gender roles as women. The act of taking on men's work generates a conflict of roles. In reality, women do not

wish to carry out men's work, and even less so when their cooperation is enlisted but control over obtained resources is not granted.

In sum, if society wishes to integrate women into work that will lead to sustainable development, these jobs should fall within the social setting that defines women's realm of activity. Any other approach should be adequately compensated.

Women, Poverty, and Demographic Change: Some Policy Implications

Today, consensus exists that there is a need to struggle to reduce poverty. This struggle has received attention from many different perspectives; one of these is an approach which focuses on women's poverty and its relation to various demographic phenomenon. As these phenomena have diverse roots, their inter-relationships are also of varying characters. In spite of this diversity, it is possible to detect recurrent themes worth examining.

A frequent issue is the gender division of social roles. The persistence of traditional role division is a key impediment to the integration of women into development. This separation is even more evident when it comes to the division of labour. The existence of the marked differentiation confers greater power to the man at both micro and macro levels. At the same time, women resist abandoning their traditional roles, even though these roles confine them to domestic work and limit their participation in public spaces. Patriarchal power and religion act in many areas to preserve gender differences. Patriarchal power also manifests itself in the decision to migrate, in participation in economic life, and in the determination of who should leave the home to undertake a simple task, such as visiting a health centre.

To confront the regulatory power of the institutions just described, an improvement in women's status is sought. Efforts have usually centred around the poorest women, who are more vulnerable due to the survival requirements of their household, instead of a focus on salaried job creation. Women's economic participation, even in low skilled, low salary positions, confers a sense of worth to women themselves, to their communities, and to their own families. Through this lengthy process, women will obtain greater negotiating power within their homes, and ultimately, re-define gender roles.

The relation between salaried work and women's autonomy is not constant, and for this reason, merits additional study. Undoubtedly, education is one of the factors that contribute to the betterment of women, particularly in the case of autonomy. It is obvious that activities designed to promote economic participation, such as women's education, are important, but their effects become

clear at different points in time. Education is indispensable, but it is a long-term effect, while community development projects attack poverty immediately; they provide income or health in the short-term.

Once women begin to participate in public fora and gain access to education, the use of health services and fertility regulation will occur. The problem in many countries is the achievement of this first step towards female autonomy. It is thus necessary to further study institutional conditions that shape women's lives and the effects of rural community development projects on the poorest and near poor populations. It seems, for example, that the social rules governing seclusion are applied more strictly to wealthier women than poorer women.

Adolescent fertility is yet another problem that worsens poverty. Young mothers limit their potential for personal development; the resultant cycle of impoverishment consuming the young mother and her family is difficult to avoid. In this sense, sex education for adolescents is of paramount importance. However, in order to implement such programmes, young women's subjective images of male-female relationships must be understood. Poor and poorly valued women lack the negotiating power, among other things, to protect themselves through the use of contraception and thus avoid early pregnancy.

To moderate the problem of poverty alleviation it should always be stressed that there are three inter-related aspects which need to be considered: the over-responsibilization of women, the role of men, and the responsibility of society. To illustrate this observation let us focus on the woman who works a day of domestic labour that is approximately 70 percent of a man's work day. If work conducted outside the home is added to this already full day, one concludes that women work more hours than men and that the cost of sustaining the household implies additional work for women outside of the home. This fact would not have the same social connotation if this effort resulted in a modification of gender roles. More likely, women do not leave the home to work or study with the idea of achieving greater autonomy. Rather, it is done because it carries multiple advantages for the woman and her family. The real problem is that little or nothing is known about men's participation in the processes of change, whether he becomes an active participant or remains entrenched in traditional roles. In any case, women should not be analyzed outside the context of her partner, family and the broader society. It is important to emphasize the State's role in the creation of necessary infrastructure for the operation of educational, health, and job programmes. This task is not the exclusive province of government; in the struggle against poverty, non-governmental organizations and society at large must all participate. In reality, collective responsibility must go hand in hand with individual responsibility.

The debate over interventions necessary to modify demographic variables, together with the role of women and society, is of great interest. This debate should continue to be explored in the elucidation of appropriate policies.

No. 12
Men, Reproduction and Fatherhood

David Anderson

Introduction

The policy monograph on the subject of **Men, Reproduction, and Fatherhood** is based on a seminar on 'Male Fertility in the Era of Fertility Decline' organized by the Committee on Anthropological Demography of the International Union for the Scientific Study of Population. The seminar was mounted in collaboration with El Colegio de Mexico, the Sociedad Mexicana de Demografia (SOMEDE), the Universidad Autonoma de Zacatecas and the Gobierno del Estado de Zacatecas.

Knowledge of the motives and constraints that affect both men's and women's fertility-related behaviours is essential for a full understanding of the fertility dynamics of populations. In practical terms, understanding men's thoughts and feelings about engendering children is crucial to finding incentives for men to participate or countenance their wives' participation in family planning. Yet, to date, social scientists and policy makers interested in fertility have devoted almost all of their attention to women, and very little to men.

The 1994 World Population Conference endorsed a new model for population initiatives which adds another dimension to the importance of addressing male fertility. Its Action Program, endorsed by a consensus of 183 countries, charges programmes with advancing 'the right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so'. The document reiterates the importance of reducing population growth rates, but encourages programmes to pursue this traditional goal through increasing reproductive autonomy rather than outright advocacy. A fund of evidence supports the hypothesis that helping men and women achieve more control over their fertility will result in lower birth rates. At the same time, a widespread impression and some data suggest that men want more children than women. For example, in a recent survey in 3 sub-Saharan countries, both sexes wanted to lower their fertility, but the male respondents' ideal family size was 1 or 2 children larger than the women's. The gap between the two sexes' fertility goals raises some thorny issues. What criteria can programmes use to evaluate their success in promoting reproductive autonomy for every individual when men and women have discordant goals? And, how much will men's desires for larger families

limit the amount of fertility decline that can reasonably be expected to occur as a by-product of reproductive autonomy?

Men have at their disposal two alternative strategies for achieving reproductive success - that is, engendering offspring that survive long enough to procreate themselves. Some have only a few children and nurture them assiduously to make sure they succeed. Others try to have so many children that the sheer numerical odds favour at least one's surviving to reproduce himself or herself, even with little or no paternal nurturing. Some experts believe that contemporary socio-economic changes are diminishing men's desire and ability to invest the necessary time and energy to pursue the former, careful-nurturing strategy. If these experts are right, the potential consequences are enormous for men, women, children, and the viability of many fundamental social structures.

With this background, a panel of demographers, anthropologists, historians, and experts in public policy convened at the invitation of the Committee of Anthropological Demography of the International Union of the Scientific Study of Population. Over the course of 4 days, the panellists reviewed the current state of knowledge and presented new study results bearing on male fertility and fatherhood. This essay recapitulates some of the major themes of their discussion, with special attention to implications for policy and research.

Male Fertility and its Determinants

Most men are probably physiologically capable of engendering children at least several times per month from puberty until late in life. Some men beget hundreds. Yet, world-wide, the average man reproduces fewer than four times in his lifetime. In countries with developed market economies, the figure is less than two.

Men's fertility varies so greatly, and most men realise only a small fraction of their biological procreative potential, in large part because of the linkage of male and female fertility. While a very small proportion of the world's men can increase their progeny via women who select their sperm for artificial insemination, the overwhelming majority cannot generate any more children than their sexual partners conceive and carry. Box 1 discusses other comparisons between male and female fertility.

Cultural practices that govern the availability of reproductive partnerships are key determinants of which men reproduce and how many children they have. Marriage rules explicitly serve this function. In monogamous societies, a typical man has access to the child-bearing capacity of one woman at a time. A man who follows the normative path stays with one wife throughout his life

BOX 1: COMPARING MALE AND FEMALE FERTILITY

Every child has exactly one biological father and one mother, yet male and female fertility rates differ. Counterintuitive though this may seem, it is easily explained. The number of men and women is highly unlikely to be equal in any natural population. Therefore, dividing the births in the population by the number of females will almost always produce a different rate than dividing those births by the number of males. In most populations, men in their reproductive ages outnumber women in their reproductive ages, and men's fertility is correspondingly lower than female.

Men typically start their reproductive careers later and finish them later than women. In monogamous populations, the average man is 2 years older than the woman with whom he has his first child; in polygamous populations the differential can be considerably greater. Men's physiological capacity to impregnate lasts longer than women's ability to conceive - in fact, while most women's reproductive careers end by age 45-50, no firm limit to male fecundity has been established. Figure 1 compares estimates of male and female age-specific fertility rates in a hypothetical population that does not use any birth control. The greater temporal extension of male reproductive cohorts creates difficulties for the direct comparison of time trends in fertility between men and women.

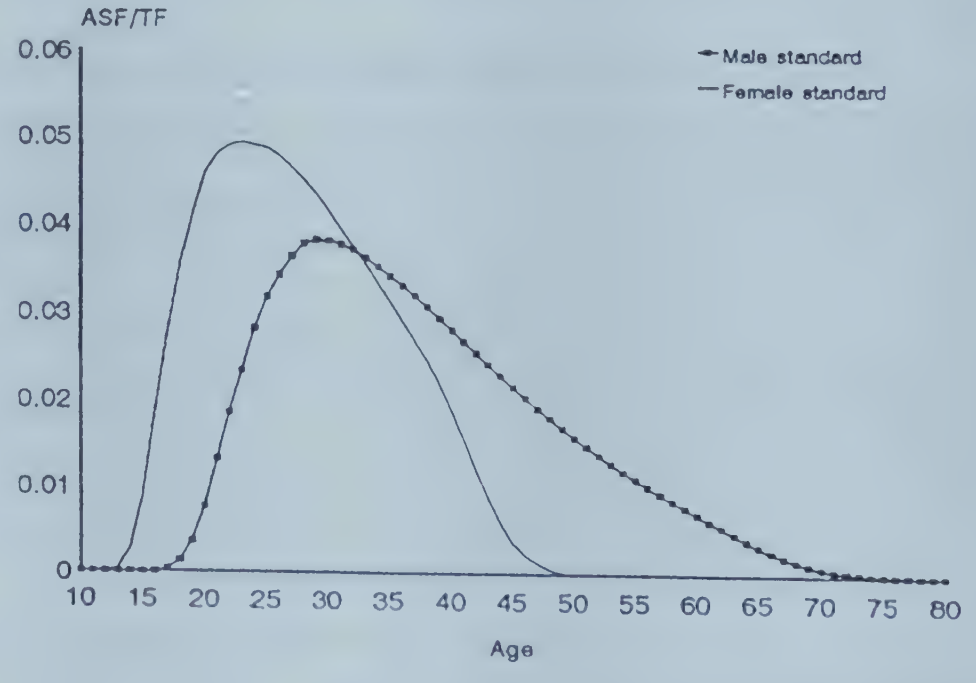
Insofar as marriage is a dominant link between male and female fertility, the two sexes' rates tend to be more similar in countries where lifetime monogamy is most strictly observed. Figure 2 shows the actual observed male and female age-related fertility curves in France in 1974. They are very similar, but differ in 3 ways. The men's is displaced a few years to the right of the women's, since the average man married a woman who was a few years younger than he. The men's never rises quite as high as the women's, because there were more men than women in the population. Finally, the men's curve tapers off more slowly than the women's, because a portion of men extended their child-bearing into later ages through alliances with women who were more than a few years younger than themselves. The two sexes' age-related fertility curves should be much more variable in polygynous societies and where larger portions of births take place outside of legitimized relationships.

Recent trends point to a potential for increasing separation of male and female fertility rates in the West. First, divorce and remarriage have been rising in the United States and Western Europe for decades (Spain is an exception). In effect, Western men who replace their wives are practising a form of polygyny which increases their lifetime access to female child-bearing potential. Second,

a looming number of children are being born outside of established relationships. Currently in Sweden, half of all births are to unmarried mothers.

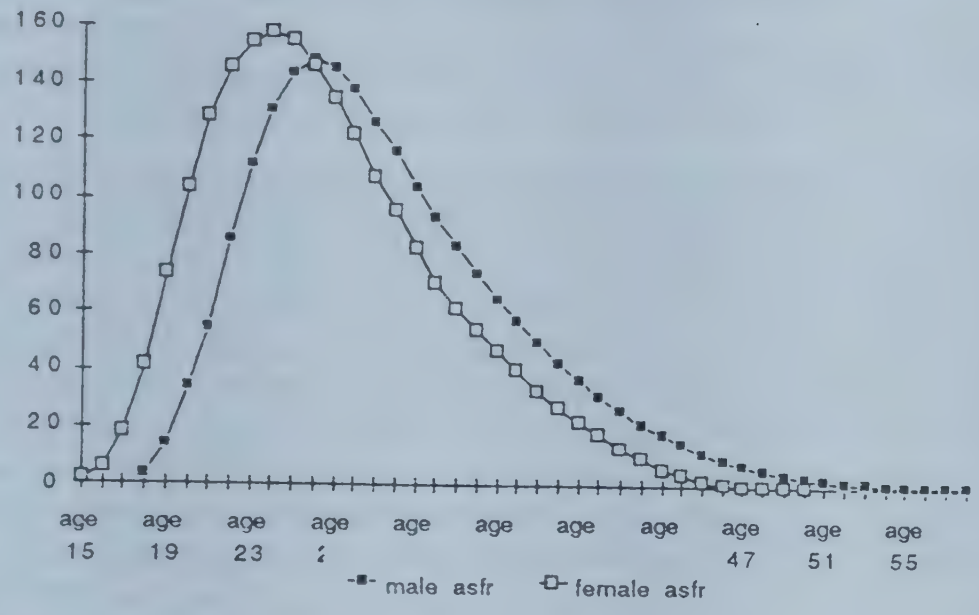
time and stops procreating when she is no longer able to bear children. Themaximum number of procreations for a robust, resolute, and lucky monogamous man would be the issue of perhaps 35 pregnancies, as many as his partner has time to complete during the 3 decades or so from menarche to menopause. For monogamous populations, male fertility is unlikely to average more than 11 children per man, corresponding to the highest number of children per woman ever observed in any general population. In polygamous societies, in contrast, a man can father children in much quicker succession, since he does not need to wait for one wife to finish her pregnancy and period of postpartum infertility before impregnating another. In addition, he can maintain fecund wives throughout his older years. A recent study in 9 nations in sub-Saharan Africa confirmed that polygynous men in the age group 45-54 years averaged 3 or 4 more children than their monogamous counterparts.

FIGURE 1: A COMPARISON OF MALE AND FEMALE FERTILITY RATES



Source: W.J. Paget, I.M. Timaeus (1994). A relational Gompertz Model of male fertility development and assessment. Population Studies 48(2): 333-340.

FIGURE 2: MALE AND FEMALE AGE-SPECIFIC FERTILITY RATES, FRANCE 1974



Source: N. Brouard. Evolution de la fécondité masculine depuis le début du siècle. Population 62(6):1123-1145.

Within monogamous or polygynous societies, a variety of additional factors can affect individual men's access to wives and reproductive partners. An important one is the ratio of men to women in the reproductive ages. Males and females enter and leave populations at different rates by being born in, dying out, and migrating to and fro. The higher the male-to-female ratio is, the larger the portion of men who will fail to find wives and die childless, bringing down the overall average fertility rate. A dramatic illustration of the relation between the sex ratio and male fertility is provided by French experience during and after World War I. Battlefield deaths, privation, and disease (especially an influenza pandemic) increased both men's and women's mortality. Because men died in greater proportion than women, men who survived had an easier time finding reproductive partners than before the war. As a result, the number of new births declined less rapidly than the male population, and male fertility rose sharply, from about 1.5 children per man in 1917 to nearly 3.5 in 1921. Today, migration is affecting adult sex ratios in many areas of the world. The resultant impact on fertility will be mediated by the extent to which migrants and indigenous residents consider each other to be desirable or undesirable marriage partners.

Men's chances of finding reproductive partners also depend upon their wealth and social status. Studies of male fertility in sub-Saharan Africa have repeatedly shown that more wealth and prestige correlated with a higher prevalence of polygamy and more children. A recent survey demonstrated the persistence of a I-shaped relationship between income and fertility in France, with sharply dropping rates of reproduction at both ends of the income spectrum. The obstacles that poverty and low status pose to finding a reproductive partner account for some of the reduced procreative activity at the low end.

Were men's access to fecund partners the sole factor affecting the volume and distribution of their fertility, any polygynous society would logically have a higher fertility rate than any monogamous one. This has not always been the case, however. For example, Chinese noblemen of the Qing Dynasty (1700 to 1900) took several wives and continued to procreate into old age but engendered an average of only 7 children apiece. In the West, meanwhile, monogamous men were averaging 8 to 10 offspring and polygynous men 15 to 25. Some factor other than the degree of opportunity to form reproductive partnerships is also necessary to explain why men's fertility is lower now than 50 years ago in almost every country on earth, both monogamous and polygynous. (In fact, the fertility declines during this period have been documented almost exclusively through surveys of women. However, they are generally of such magnitude that, given the linkage between the sexes' fertility rates, they implicitly establish a concomitant fall in men's fertility.)

Men's fertility performance is also shaped by the strength of their desire for children. The previously mentioned falling off of fertility at the high as well as the low end of the French income spectrum is one reflection of this. Compared to their middle-class counterparts, some lower-class Frenchmen are likely to want fewer children because the costs of child-rearing represent larger portions of their incomes. Having an additional child is more likely to compromise their ability to sustain a tolerable life style. In contrast, some well-to-do Frenchmen may owe their superior incomes to the fact that they are disinterested in children, and this leaves them more time and energy free to pursue income-generating opportunities. Alternatively, some upper-class Frenchman may find that the cost of raising a child in a fashion which they believe appropriate - enrolling the child in private schools, for example - may even require greater proportionate investments than are made by the middle class.

The next section discusses men's reproductive motives. The following two sections address two other indispensable components for a comprehensive account of men's fertility dynamics. These are men's abilities to obtain their partners' concurrence in their fertility desires, and the degrees to which men's

young age. Yoruba fathers, for example, traditionally gave small hoes to their sons when they were not far past toddlerhood. At first, a boy's task was to make 1 pile for every 10 his father made. Girls were similarly trained to help their mothers with household tasks. Especially in areas with comparatively few communal guarantees of welfare assistance for the elderly, men sire children in hopes of securing an old age free of loneliness and want. Children's potential effectiveness, economically and in terms of many other functions, improves as they age and mature.

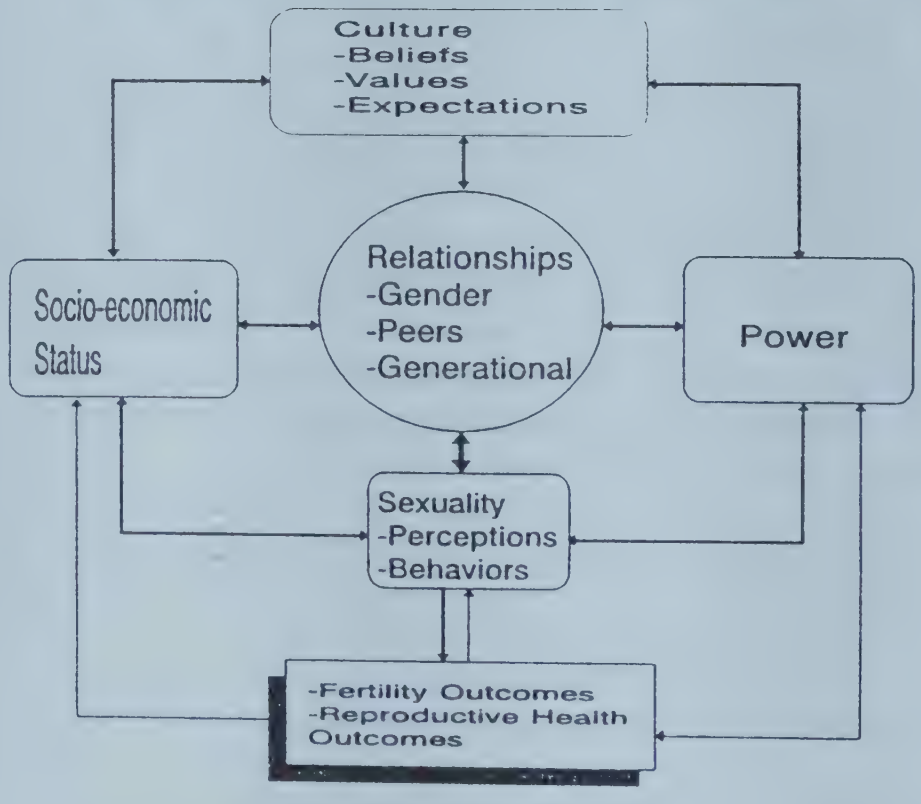
Besides their relationships with women and their anticipation of benefits from children, men experience group pressures and incentives that motivate them to reproduce. In many societies, although not all, paternity is an important condition for obtaining the status and prerogatives of full manhood. Among the Ashanti people of Ghana, for example, men without children are scorned and called 'wax penis'. Formerly, Ashanti who died childless might be buried with thorns driven into the soles of their feet, and with curses bidding them never to return to the world to live again so uselessly. No such rituals occur in the United States. However, the Ashanti attitudes will seem familiar to American men who complain of feeling unsexed and devalued in others' eyes because of childlessness.

Families, clans, nations, races, religions, and other social groups promote members' reproduction in order to be perpetuated themselves. The major monotheistic religions, for example, encourage believers, in the words of the Old Testament, to 'go forth and multiply'. The conceptual fusion of individual and group reproduction finds expression in various cultural beliefs and practices. Thus, the Ashanti, the Yoruba of Nigeria, and other West African religious societies say that children inherit spiritual essence from ancestors. Among the Yoruba, adults scrutinise each new infant to determine which deceased ancestor he or she most resembles. Once they settle upon a predominant likeness, the child receives that ancestor's name and becomes subject to the same taboos. In this way, the members of each generation preserve the array of taboos, or special links to nature, which lie near the core of the group's identity and the source of its hope for continuance.

Family and other group pressures for men to reproduce can operate in many ways simultaneously, as the Coastal Boiken of Papua, New Guinea, can illustrate. As happens the world over, Boiken men who have sons will urge them to produce sons in turn, in order that the grandchildren should continue some aspect of the grandfather's selfhood into the third generation. Men also want their brothers-in-law to sire sons upon their sisters, for quite different reasons. Sisters' sons represent economic opportunities for their mothers' brothers, who have a customary right to claim a return of double anything they provide to the child.

recent mass rapes in Bosnia and Rwanda attest, men's use of women's fertility to impose dominance over them can take horrific forms. In these instances, the perpetrators, soldiers of winning armies, established an intimate species of occupation in the wombs of their victims who conceived. These activities also represent a competitive motive for male fertility. The rapists made sure that their enemies could not reproduce with these women until the imposed pregnancies were completed or terminated.

FIGURE 3: SOCIAL DETERMINANTS OF FERTILITY



Source: N. Orobaton, J. Guyer (1994). Male involvement in sexuality and reproduction: a framework for discussion. Chicago; D. John and T. Catherine, McArthur Foundation

Among men's fertility motives are some that pertain to the potential uses of children. One impetus, albeit better documented in works of literature than scientific surveys, is the desire to reap the emotional rewards of parenting. Men want children, too, for what children can do for them. Children's services can be religious, as in Asian cultures where sons alone can perform the funeral rites that guarantee fathers a good afterlife. They are often economic. In agricultural societies, children generally start helping with tasks at a very

timing of their coital activities and their use of contraception promotes or inhibits achievement of their desires.

Men's Motives for Reproducing

Men, like all living creatures, possess a biological drive to perpetuate their genes through offspring. Motives that arise out of social relationships shape the expression of this drive, and are more plausible targets for policy interventions than the drive itself. A schematic representation of the sociocultural influences on men's fertility motives is presented in Figure 3.

Men's relationships to women are one fundamental source of their desires for children. Thus in Spain, where young people commonly continue to live with their parents well into young adulthood, couples generally make simultaneous decisions to marry, cohabit, and conceive. In France, cohabitation often precedes marriage and conception, but the latter two usually take place in quick succession. These are widespread patterns. In some cases, men and women conceive together in order to reify their loving connections in the flesh of their children. In others, men engender children to advance, stabilise, or rescue relationships with women. A focus group of physicians recently reported that some men in Northern Nigeria engendered higher-order children in order to distract their wives' attention from affairs they were pursuing with other women.

Men sometimes procreate to accommodate their wives' reproductive desires. That is the simplest interpretation of recent findings from a study of French men's fertility in second or higher-order marriages. The number of children the man brought to the new household from his previous relationships made little difference to whether or not he and his wife had another child. The decisive difference was whether or not the wife brought children. Of interest, the researchers concluded that, 'Men identify less with fatherhood than women do with motherhood'. Another kind of accommodation operates in some polygamous relationships. Here, wives compete for the status that having sons and daughters brings. Men may father children in part to distribute prestige - to elevate a preferred wife, placate another wife, or prevent jealousy. This response to wives' competition has been advanced as one reason why polygynous men are more fertile than monogamous in Sub-Saharan Africa.

Men's relationships with women also have power aspects that can motivate men to engender children. The need to manage women is a fundamental tenet of patriarchy, undoubtedly attached to men's instinct to control their access to sources of pleasure. In daily life, the elaborate cultural complex called *macho* stresses this objective particularly strongly. Impregnating a woman can be a means of asserting emotional or physical sway over her. In wartime, as the

Larger social groups' pronatalism often springs from the idea that more people means more power over, or protection from, other groups. Leaders with dreams of conquest have often exhorted their subjects and followers to multiply. The Nazi regime (1933-1945) urged German couples to create the manpower to enable Germany to conquer and administer other countries. The Francoist dictatorship in Spain promoted a patriarchal form of the family in which men were to participate in the economy and rule the household while women stayed home and raised children. Although the Spanish population maintained this family form, however, they did not produce the population increases that the regime wanted. Instead, by delaying marriage to higher ages, they lowered fertility throughout the era.

Factions within societies, as well as societies themselves, may convey messages to reproduce for group competitive advantage. In a classic study of Swiss smallholding families in the 19th century, the author concluded that men wanted children in part to provide themselves with political allies in a one-man, one-vote democracy. Similarly, indigenous Europeans worry today that unless they increase their birth rates, they may become minorities within their traditional land areas. Some white citizens of the United States express a similar unease, as it appears that in the near future they will be outnumbered by other groups with faster growth rates due to immigration and higher fertility. On both continents, the fears encompass loss of electoral majorities and political power, disadvantage in social and economic transactions that involve knowledge of an unfamiliar cultural or language, and dismantling of their familiar moral and cultural norms. Some researchers have remarked that men seem more susceptible than women to such ideological motives for reproduction.

Men's group-related procreative motives shift from era to era - in times of rapid social transition, from decade to decade. In Papua, New Guinea, the men of the Coastal Boiken today encounter a very different context for reproduction than their elders did a couple of decades ago. Population decline, many conversions to Christianity, and a new cash economy have rent the fabric of their society's traditional social roles and relationships. So much did each individual's sense of self formerly consist of his or her place in that fabric that the question now arises: What does a man reproduce when he reproduces?

As the illustrative examples throughout this section may suggest, a particular motive for procreation influences men of different groups more or less strongly depending on their contrasting ways of life and circumstances. A married monogamous man, for example, is less likely than his polygynous counterpart to consider, when deciding whether or not to try to initiate a pregnancy, what the effect of the act will be on his relations with one or more

other sexual partners. A well-to-do urban man will probably not think of having a child as a way to improve his economic possibilities in the short run, but a poor agricultural worker may well reach this conclusion.

This sketch of men's fertility motives is necessarily incomplete and qualitative. A quantitative analysis of the impacts of the respective motives on fertility would be required for many purposes of policy guidance and programme design. This cannot yet be provided, however, mainly because male fertility rates have generally never been tallied in detail. Box 2 reviews the technical reasons why. The remainder of this section describes a concept - the *life course* - that should prove very useful in analysing men's fertility motivations when rates become available.

BOX 2: TECHNICAL DIFFICULTIES OF MALE FERTILITY SURVEYS

To date, social scientists and policy makers concerned with fertility have devoted almost all of their attention to women, and very little to men. Their reasons have been pragmatic. Men's reports of their own fertility have considerable built-in potential for error. First, a man can occasion a birth without being aware of it - something that would be highly unusual for a woman. In addition, a man may wrongly believe that a child is his when it was really sired by another man. In one study using DNA testing, a group of Michigan men were found to be genetically unrelated to between 2% and 10% of the children they supposed to be their own progeny. To the extent that men are mistaken about how many children they have produced, surveys of men do not provide an ideal tool for investigating how socio-economic or other characteristics affect their levels of fertility. It is clearly impossible for reasons of social acceptability as well as expense to attach genetic testing to large fertility surveys. Yet, vexing as these problems are, demographers are confident that they can learn to interpret systematic discrepancies between men's and women's reports and use these interpretations to adjust their data for accurate estimates of the true numbers of births.

The Male Life Course

Men's motives for engendering children evolve throughout their lives. Each engendering takes place at a particular phase of a man's physical development, sexuality, family and sexual relationships, economic career, understanding and expectations of life, and so on. In each new phase, various motives enter in or drop out while others remain but grow stronger or weaker.

The concept of the *male life course* is useful for identifying general patterns in the lifelong evolution of men's attitudes toward reproduction. There are numerous ways of marking off the life course so that a man's passage from one stage to the next is likely to be accompanied by important changes in the meaning and consequences of procreation.

An obvious breakdown of the life course in monogamous societies is: puberty, adolescence, bachelorhood, early marriage, child-rearing, and 'empty nest' (when all children have left the parental home). In the first three stages, procreation is likely to provoke social opprobrium as well as divert energy from obtaining adequate education and experience for a good career. In contrast, an analysis of data from the Demographic and Health Surveys conducted in 9 sub-Saharan countries showed that a typical polygynous man's life course might consist of: bachelorhood; a first marriage at around 22 years of age; addition of a second wife around 10 years later; an affair with a mistress lasting from about age 38 to 42; divorce from the first wife at age 45; an affair with another mistress lasting throughout the man's 50s; being left by wife number 2 simultaneously with the ending of that affair; and marriage to a third and final wife at around age 62. Clearly, such a man's readiness to procreate is likely to change with the initiation or termination of each marriage and affair. Prominent reasons include the dynamics of each new relationship, the impact of a pregnancy on previous and continuing relationships, and the economic ramifications of having to support more or fewer wives.

Demographers also commonly demarcate the life course so that each additional child starts a new phase. Doing so emphasises the effect that the number of existing children has on a man's motives for having another. For example, a man may wish to produce a first child partly to establish his masculinity and maturity, but may be free of such concerns when he makes subsequent reproductive deliberations. (Masculinity may recur as a motive decades later, however, in the form of a wish to demonstrate that his manliness is still intact despite advanced age.) In some Asian societies, having two sons may allay a man's anxiety - and his kin's - about having a male heir to provide for himself and his family when age makes him infirm, and to light his funeral pyre when he dies. The man may now contemplate having another child more emphatically for other reasons. In general, men's expectations of their first and later children often differ. Men of the Tswana people of Botswana are concerned with accumulating enough children - and of the right ages - to accomplish all the critical household, farming, and marketing tasks. Older children administer much of the care and education of their younger siblings. Daughters' marriage prospects, and sons' as well, depend on the amount of dowry their siblings provide. Currently in Western societies taken as a whole, the average

man's incentives for having children outweigh his reasons for not having children when he has one child, but not when he has two.

In large groups, there may be one dominant male life course and/or several variants that together fit most men. In the United States and many countries in Western Europe, for example, divorce and remarriage are components of an increasingly common set of alternatives to the typical monogamous life course. This historical change has affected men's desire for children in various ways. First, men who remarry with younger spouses can have additional children at ages when many of their coevals no longer can because their wives have passed menopause. In addition, it has been suggested that the rising rates of marital dissolution may be making men in first marriages wary of investing wealth and emotion in children. Such investments are by nature risky, and probably more so when men are aware that mothers usually receive custody in case of divorce.

Men's Control over their Fertility

Men can fall short of their reproductive goals or unwillingly exceed them for many reasons. Three that may lend themselves to focused interventions within the scope of family planning and reproductive health programmes are non-scientific understandings of reproduction; low participation in family planning programmes, and; knowledge of sexually transmitted diseases.

Non-scientific Concepts Concerning Reproduction

Physicians with practices in Nigeria noted in a focus group that they had all gathered considerable lore about sex from peers well before they reached puberty. Other observers have remarked that men often seem to receive relatively little routine education about sexuality and reproduction from their parents and elders. Some observers suggest that this is in part because the onset of sexual maturity tends to be less marked in young men than young women. A young woman's first menstruation provides an obvious occasion for giving her information, but a young man's first penile erections are likely to be unnoticed by anyone except himself. In the absence of any natural prompt for teaching, elders may not get around to it until well after the young man has started coital activities, if ever. Elders may feel less urgency to provide young men with information about reproduction because healthwise and socially, men suffer less drastic consequences than their partners do when an out-of-bounds pregnancy occurs.

Hypotheses about reproductive processes that young men cobble together based on serendipitous observations and imaginative induction are likely to be too inaccurate and abstract to be of much help in controlling their fertility. Moreover, traditional instruction about reproduction in many societies instils non-scientific concepts that can lead to a discrepancy between men's as well as women's fertility-related behaviours and their objectives. For example, a common belief in many societies, recently documented among the Coastal Boiken of New Guinea and shanty dwellers in Porto Alegre, Brazil, is that women are most likely to conceive during or near their periods of menstrual bleeding. A man's spermatic fluid and a woman's menstrual blood are interpreted to be the respective essences of the male and female procreative principles. The inference is then straightforward that merging the two fluids should be the most powerful way to make children. However, men and women who attempt to regulate their fertility in line with this belief will seek to achieve and avoid conception at the precise intervals in the menstrual cycle that are most discordant with their goals.

An obvious intervention, if it is considered desirable to give every individual maximum control over his or her fertility, is to teach the scientific view of reproduction. Instruction should be made available to boys and girls before the onset of sexual maturity so that they can avoid unwanted conceptions even in their first coital encounters. Scientific understanding that is implanted early is also more likely to take root before competing concepts complicate interpretation.

Programmes to provide scientifically-based information about reproduction should be attuned to pre-existing indigenous beliefs. Social scientists have often pointed out that people tend to construe new information so that it fits with what they already suppose. An example of this principle was recently documented in Porto Alegre, Brazil. Women who received oral contraceptives from a new programme felt that the dosing schedules, which include pill-free intermissions around menstrual periods, confirmed their previous convictions that menstruation was a sign of maximum fecundability. Ultimately, this does not bode well for the women's reproductive satisfaction or the programme's success.

The importance of taking indigenous concepts into account when planning educational interventions deserves emphasis. In any society, concepts concerning sexuality and reproduction intertwine deeply with many other fundamental tenets and customs. To replace indigenous concepts with scientific ones can have potentially far-reaching effects on the way the society operates. It would be irresponsible to undertake such a replacement without considering what those changes might be.

As an illustration of this point, recent ethnological study of Coastal Boiken concepts of reproduction provided sufficient detail to permit speculation on ways in which they might cohere with each other and inform some Boiken customs. In the next two paragraphs, the Boiken beliefs and customs mentioned are real but the interpretations are hypothetical. The purpose is to suggest the ambiguous but profound interrelatedness of ideas about reproduction, value systems, and social structures that must pertain in any society.

Traditional Boiken belief holds that for each sex, exposure to the other sex's essence, as substantiated in sexual fluids, is corrosive to good health. The debilitation is cumulative, but can be retarded by purging, which menstruation accomplishes for women, but which men must self-induce by drawing blood from the penis. As a result, men limit coital contacts with women. Most of all they are chary of contacts with menstruating women, since the female fluids are most concentrated and copious during menstruation.

We can imagine that the Boiken have a notion about the strength of their fertility based on their experience trying to conceive and the number of their births. This notion might well be affected by the extent to which, in accordance with their traditional beliefs, they concentrate their child-seeking sexual activity at a time in the woman's cycle when conception is relatively unlikely. The Boiken might possibly develop an ironic sense of the way fertility operates, insofar as they are more likely to conceive on non-menstrual days when they are not trying than on menstrual days when they are trying. We can hypothesise that the Boiken sense a discordance between the timing of their attempts to conceive and that of their conceptions. Such a sense could logically reinforce their documented belief that a spiritual union between sexual partners, rather than sexual activity itself, causes a conception. One may suspect that the Boiken tradition's partial decoupling of sex from reproduction underlies, or at least abets, some of their rules for establishing paternity and distributing children. For example, Boiken custom allows a young man to disclaim responsibility for a pregnancy if he has not had several occasions of intercourse with the woman. Unmarried Boiken women incur little censure by becoming pregnant, and children without fathers are adopted readily and without stigma.

Participation in Family Planning Programmes

Men's attitudes toward family planning programmes are not uniform everywhere, and can be highly mixed even in a single setting. This is demonstrated by findings from a recent field study conducted among poor men in upper Egypt. A minor portion of respondents deplored the government-sponsored, internationally administered family planning programme as an attack on men's traditional authority and a plot to depopulate Islam. In general, however, men

in this patriarchal area reluctantly accepted the need to lower fertility. Their ideas about masculinity and morality committed them to providing for their families' necessities, and economic deterioration was reducing the number of people they could hope to sustain. Most men conferred with their wives on contraceptive decisions. Their concerns in these discussions were to find a method that neither endangered their own or their wives' health nor precluded either partner's sexual pleasure. By and large, they felt that condoms failed both of these criteria. With regard to health, they feared that spermatic fluid trapped by the condom might reenter the urethra and cause disease.

Most family planning programmes currently make relatively little effort to communicate directly with men or understand their concerns. As already discussed, scant knowledge is available to identify incentives for men to take part. Technology has been slow to produce contraceptive methods for men to use who do not like condoms or wish to undergo sterilisation.

Family planning programmes' neglect of men has probably exacerbated some unfortunate situations. Many men abandon responsibility for contraception to their partners. Some women feel unfairly burdened with responsibility for assuring effective contraception. On the other hand, plentiful anecdotes bespeak a common suspicion among men that their partners are controlling their fertility secretly. Short of expanded male participation in family planning, enhanced male co-operation with women's participation would improve success. Men's objections to family planning prompt some women to select contraceptive methods from the limited set of those that their partners cannot easily detect. For some women, these more inconspicuous methods are less effective and safe than others would be.

Prevention and Treatment of Sexually Transmitted Diseases

Lack of information about avoiding sexual disease transmission, and limited access to diagnosis and treatment of these diseases, are important obstacles to men's control over their fertility. Men generally have wider sexual networks than women and are consequently at higher risk for exposure to sexually transmitted organisms. Many of those who develop infection experience painful symptoms that can deter coital activity. Infection also brings risks for complications that lead to infertility.

Men's education should cover information on choosing sexual partners and planning activities to limit disease risks, use of condoms for protection, and identification of signs and symptoms. Treating sexually transmitted disease episodes in men is a relatively convenient way to attack the spread of organisms since men generally develop more marked signs and symptoms of acute infection than women do. Moreover, because the man is likely to be the first

member of a long-term couple to acquire an organism, avoidance or rapid recognition and eradication of his infection can interrupt the chain of transmission before it reaches his partner. This is especially desirable because women's anatomy and physiology make them more susceptible to infection-elated infertility.

Men as Collaborators in Fertility Decision-Making

A couple's decision to try to conceive or avoid conception may involve consensus, compromise, coercion, or co-optation of decision-making by either partner. The World Population Conference Action Program goal of helping every individual achieve satisfaction with his or her reproductive performance will be facilitated by increasing the occasions and dimensions of consensus. Researchers today are focusing increasing attention on household decision-making, a topic that may eventually inform programmes to promote the potential for partners to agree in decisions to conceive or avoid conceiving a child. These studies are in very early stages, however, and so far only qualitative and tentative statements can be made about the extent to which couples concur and the conditions in which they do so.

Men and women in couples often have fertility incentives and disincentives that are complementary overall. Presumably, the agreement is generally most comprehensive between young married or marriage-bound couples who are setting out to have a first child. It is in these situations that the desire to experience fertility and begin a family are most likely to be very strong motives for both partners.

In decision-making over second and higher-order children, the urge to experience and the need to establish fertility are likely to be less pressing. The couple's desires may diverge as a result of factors such as the woman's experience of the energy costs of pregnancy and child-bearing, differing degrees of satisfaction with the partners' respective roles in child rearing, and clearer knowledge of the opportunity costs of raising children. In addition, as the number of a couple's existing children increases, the personal, economic, and social rationales for having an additional one may become less pressing.

The dovetailing of men's and women's motives for procreation can be very intricate. Men in the previously mentioned *favela* in Porto Alegre, Brazil, reported placing great value on impregnating women as a way to express their manhood. Women said that becoming pregnant was a means of drawing sexual partners into stronger, more committed relationships. Thus, both partners would seek a pregnancy. Once one was achieved, however, the same motives often did not produce harmony on the question of what should happen next.

The man would usually want the woman to exhibit the bodily changes of pregnancy and the child to be born. He might not be willing, however, to give the woman the sorts of pledges she desired, either for herself or the child. Indeed, men commonly urged pregnant partners to carry their children to term, then put them out for adoption. The woman, for her part, assessed the man's reaction to the situation and, if she was sufficiently dissatisfied, might terminate the pregnancy.

The objective of striving to help everyone realise his or her fertility desires becomes complicated when couples disagree. At the level of the society overall, a type of intervention that can advance both partners' interests without favouring one over the other is the relief of circumstantial inequities that produce discord. When the social and economic status of women become more equivalent to that of men, for instance, potential fathers and mothers will face more similar trade-offs between the rewards of having children and those that might be expected from other opportunities. Such a state of affairs will broaden the area of mutuality for many couples, perhaps making compromise possible. There is also a pressing need to investigate the ways that men and women divide decision-making authority within various types of marriage traditions.

In addition to their distinct array of gender-related motivations concerning procreation, many men inherit ideas about masculinity that hinder their ability to negotiate with women. In patriarchal traditions, for example, men perceive of themselves as naturally active while women are naturally passive. A near-universal trove of myth and legend gives expression to this notion. Men are also conditioned to feel that their sex gives them the overriding authority to make decisions that affect their wives and children.

Latin American *macho* culture is a flamboyant patriarchal system distinguished by its endorsement of male exhibitionism, uncontrollable male sexual urges, and sentimentality toward women. The Mexican programme Salud y Género is attempting to forestall the formation of such attitudes. It brings adolescent boys and girls together when they are beginning to evolve ideas about their adult roles, and involves them in common projects and discussions centering around gender identity. Of note, Salud y Género operates with the hypothesis that the *macho* construction of masculinity not only has many negative effects on women and children, but is also largely responsible for high male morbidity and mortality from alcoholism, smoking, accidents, homicide, and suicide. Programme personnel believe they are achieving significant results, although it is too soon for meaningful measurements of impact.

Fatherhood: Diverse, Crucial, Threatened

Fathers' roles vary tremendously from place to place. Social scientists have identified four basic forms: recognised biological paternity, hidden biological paternity, social paternity (attained by adopting), or social replacement (through raising a child to take one's place, as was the sometime custom among Chinese emperors and also occurs in less rarefied apprenticeship settings). Western societies strongly emphasise biological paternity. In the United States, if there is a dispute about the paternity of a child, the courts settle it through gene matching. In another culture, a man's biological relationship to a child may not be considered terribly significant. As mentioned previously, for example, the Coastal Boiken people will accept a young man's disclaimer of paternal responsibility on the grounds of a too-brief relation to the mother.

Along with different criteria for assigning paternity, societies hold diverse expectations of the ways fathers should relate to their children and what to provide for them. Western societies generally assume that, typically, a man will house his children and reside with them until they reach adulthood and leave for jobs, school, or marriage. Fathers and children reside together, then, for roughly 20 years. In contrast, in one study, only about 50% of children and adolescents of the matrilineal Ashanti in Ghana were found to be residing with their fathers. Modern Western societies hold a man legally responsible for supporting his children economically until they reach adulthood. In contrast, among the Ga of Central Accra, Ghana, men are obligated to their children's mothers until the children are born, but they are never obligated to the children themselves.

The case of Mowetsi, a man of the Tswana group in Botswana, illustrates how extremely flexible the components of fatherhood can sometimes be under pressure of circumstances. Mowetsi has 7 children, engendered between 1954 and 1975. Throughout these decades he lived most of every year in South African mining camps which prohibited families, while his wife lived with their children in her parents' village. As a result of this economically necessary separation, Mowetsi's fatherly activities during this time consisted primarily of sending money to his in-laws that was used to raise his own, his in-laws', and his wife's siblings' children. He travelled home for important occasions in his children's lives, but obviously could not tend and guide them day to day. These functions were discharged by Mowetsi's father-in-law, with the result that Mowetsi's eldest children called this man by the word 'father'. In 1977, Mowetsi inherited his parents' home, retired from the mines, returned to Botswana, and assumed the headship of his household. Altogether, Mowetsi had almost no contact with his eldest children from their births to their achieving

independence. Yet he has resided with and raised his youngest child constantly since around the time of its first steps. He is also raising grandchildren whose parents are away, as his father-in-law did for him. Mowetsi's paternal career is not unusual among the Tswana, where females head 40% of all households.

While fatherhood's entailments diverge greatly between societies, the necessity for a child to have a father is critical in many, perhaps most places. In many cultures, fathers alone can confer a viable social identity that assures a child the standard social entitlements. In some religious societies, for example, fathers alone can sponsor children for ritual observances that culminate in the bestowal of full community membership. In patriarchal societies, only fathers may be able to provide children with first-rate kinship connections as well as inheritances. Fatherlessness, in contrast, frequently imparts stigma and diminished chances of thriving. In Western countries, males who grow up without fathers are more likely to become wards of the criminal justice system. Fatherlessness can be directly lethal. In pre-Colonial Ghana and Botswana, custom prohibited men from asserting paternity of children who were born to certain non-marriageable women, and these children might be killed at birth. In the United States, newspapers frequently tell the story of a man who is so intolerant of his partner's child by a previous relationship that he kills it - or of a woman who kills her own child to remove a source of tension in a new relationship.

Having a father is generally important for a child's welfare even when fatherless- ness carries relatively little social stigma. Men generally have marked advantages over women in the ability to accumulate wealth, so children whose fathers contribute economically to their upbringing have the advantages that the differential will pay for. In the United States, for example, wages have failed to keep pace with rising prices for several decades, to the extent that both parents must work to make ends meet and supply their children's needs. If the father withdraws and the mother must support their children on what she alone can earn, the chances that the child will live in poverty are greatly increased.

Some observers fear that contemporary socio-economic developments are weakening men's attachment to their paternal roles and their abilities to fulfil them. As evidence of a retreat from fatherhood, they point to the increasing global incidence of children born out of wedlock. In addition, in some West African societies that encompass polygamy, men are reportedly forming more 'outside' relationships in order to maintain multiple sexual partners without undertaking the financial commitments that marrying would involve. Those rejected commitments often involve responsibility for children's upkeep and education.

The most universally significant of current developments militating against fatherhood, perhaps, is the escalating cost of raising children. Worldwide, parents need to invest ever-growing amounts during a child's early years and wait longer for returns. Among other reasons, this is related to children's increasing need for prolonged schooling in order to succeed in the workplace and marry. Not only is sons' education more crucial than ever, but daughters also require education. Recent data from France are indicative. During the last decade, for the first time, women with less education were less likely to be married. The researchers concluded that now, as never before, women require a minimum level of education in order to be considered worthy of marriage.

The drying up of economic opportunities in many areas, particularly rural ones, is also straining men's ability and willingness to fulfil their paternal roles. More and more men are forced to migrate to find employment. Prolonged absences from their families and wider social networks at home can erode the emotional and other forces that attach men to their children.

Also affecting fatherhood are the current high rates of marital dissolution and births outside of established relationships. Both of these factors may be exacerbated by the just-mentioned trends in costs of child rearing and migration. With regard to divorce, fathers' and mothers' intolerance for each other is an obvious contributor to fathers withdrawing from their children. Men can also be reluctant to support children whom they seldom see following a divorce, and concerning whose upbringing they have little say. That this, rather than indifference, underlies a portion of abandonment is apparent in the fact that in the United States, a number of fathers have recently challenged the routine assignment of child custody to wives in divorce cases.

Scientific knowledge about fatherhood is in too nascent a state to permit global recommendations for strengthening the institution. Policy makers will have to be provided with information about the specific customs and condition of fatherhood that pertain in their own areas. Nevertheless, it is possible to advance some tentative general strategies for approaching the issue in many settings. The first proceeds from the observation that some male motives for reproducing imply a willingness to carry out their paternal roles while others do not. A man who engenders a child in order to enjoy the child's devotion and freshness of vision obviously must live with it to do so to the fullest. One whose goal in procreation is to seal or deepen his relationship with the child's mother cannot usually renounce the child without jeopardising that relationship. One who wishes to eventually obtain economic, political, or social returns from a child is more likely to succeed if he cultivates its loyalty and capacities - for example, by providing appropriate initiations or a good education - during the growing years. In contrast, men whose main objectives are establishing their masculinity and power over women do not necessarily ad-

vance these interests through child rearing. A programmatic response to this situation would involve gender education, as discussed before, to bolster the motives that entail commitment and downplay the others. Helping men achieve more control over their fertility through contraception can lower the proportion of children whose arrival precipitates consideration of fatherhood, rather than results from a previous desire for fatherhood.

Politicians can strive to lessen the need for migration by increasing the amount of work that is locally available to their constituents. Subsidies for schools can reduce parents' costs of raising their children to become viable members of society. The establishment of equal status and wages for women will give families more options for arranging their income-producing and child-rearing activities. When women bring home wages equal to those of men, households will find that it is economically sound for men to spend more time at home with their children, presumably reaping more emotional rewards from fatherhood. Finally, laws and customs that privilege motherhood over fatherhood, on the assumption that the former is a naturally more essential to the child than the latter, surely need to be re-examined.

No. 13

Female Empowerment and Demographic Processes: Moving Beyond Cairo

Ruth Dixon-Mueller

Introduction

The policy monograph on the subject of **Female Empowerment and Demographic Processes: Moving Beyond Cairo** is based on a seminar organized by the Committee on Gender and Population of the International Union for the Scientific Study of Population. The seminar was mounted in collaboration with the Department of Sociology of the University of Lund.

The Challenge of Cairo

To some participants in the International Conference on Population and Development (ICPD) in Cairo in 1994, it may have seemed that the concept of women's empowerment appeared out of nowhere, a nebulous apparition sent to haunt the habitat of population professionals accustomed to dealing with the more familiar topics of fertility, mortality, migration, and population growth and composition. Whereas population conferences held in Bucharest in 1974 and Mexico City in 1984 had addressed the 'woman question' only briefly (Box 1), Cairo represented the culmination of years of work on the part of supporters of women's health and rights in both southern and northern countries. The ICPD Programme of Action included chapters not only on the usual demographic questions, but also on 'Reproductive Rights and Reproductive Health' and on 'Gender Equality, Equity and the Empowerment of Women'. 'Countries should act to empower women', the statement concluded, 'and should take steps to eliminate inequalities between men and women as soon as possible'.

The Cairo document declares that the empowerment of women is a positive good, an end in itself and not a means to an end. That is why the Programme of Action makes little attempt to link women's empowerment to population processes such as lower birth rates in a way that might demonstrate its usefulness as a demographic concept. Proponents believed that the promotion of gender equality and women's empowerment needed no justification. Whether

or not it was linked to certain demographic outcomes, its social and developmental benefits were considered to be self-evident.

This is not to say that the concept of women's empowerment has no role to play in demographic inquiry, however. Indeed, quite the opposite is true. By urging researchers to recognize the dynamics of gender-based inequality in different settings that is, the social force of culturally constructed sex/gender

BOX 1: THE 'WOMAN QUESTION': FROM BUCHAREST TO BEIJING

The World Population Plan of Action urges ... 'the full integration of women into the development process, particularly by means of their greater participation in educational, social, economic and political opportunities'... 'The opportunity for women to plan births also improves their individual status'. (Plan of Action of the World Population Conference, Bucharest, 1974)

'The ability of women to control their own fertility forms an important basis for the enjoyment of other rights'. (International Population Conference, Mexico City, 1984)

'The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development'. (ICPD Programme of Action, Cairo, 1994)

'[Reproductive rights] rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion, and violence ...' (Cairo, 1994)

'Women's empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace'. (Platform for Action of the Fourth World Conference on Women, Beijing, 1995).

'The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination, and violence. Equal relationships between women and men in matters of sexual relationships and reproduction, including full integrity of the person, require mutual respect, concern and shared responsibility for sexual behaviour and its consequences'. (Beijing, 1995)

systems, the study of female empowerment and disempowerment can enrich the science of demography. How do particular population processes or conditions affect the capacity of girls and women to take control over their own lives and to exercise their basic human rights? How does the empowerment of women affect their sexual and reproductive health and demographic behaviour? How can women be empowered to transform the policies and practices of governments and other institutions, and how can governments and other institutions design policies and practices to empower women?

The Cairo Programme of Action is a political document. Its goal is to shape population-related policies and programmes in a way that contributes directly to the exercise of human rights and the improvement of human welfare. But there is a scientific challenge as well: a challenge to researchers to deepen and broaden the scope of demographic inquiry. It is not only a question of how the concept of women's empowerment can contribute to the analysis of population processes, but also of how the science of demography can contribute to the alleviation of social inequalities and injustice.

Female Empowerment: What is it?

The concept of empowerment is more dynamic and comprehensive than the relatively static concepts of 'status of women' and 'female autonomy', both of which have contributed a substantial literature to the field.

Empowerment is both a group and an individual attribute; both a process (that of gaining power) and a condition (that of being empowered). Power is a relational concept, understandable only as it is exercised by individuals or groups vis-à-vis others within a particular context. The relational aspects of power derive not only from gender, but also from hierarchies of class, caste, ethnicity, age, lineage, religious and national identity, and other characteristics that form the organizing principles of social differentiation.

Processes of empowerment (or disempowerment) operate at many levels. Moreover, the concept is a multidimensional one, for empowerment in one sphere of activity, one physical setting, or one set of relationships may not lead to empowerment in another. As experienced subjectively, the feeling of being empowered or disempowered may be very different from that ascribed by a researcher who is attempting an objective definition. Individuals objectively defined as being empowered or disempowered may not subjectively regard themselves as either.

The essence of empowerment is the development of individual and group **consciousness** of the opportunity and ability to act:

- consciousness (resulting from a process of 'conscientization') of the **existence** and sources of injustice;
- consciousness of an **entitlement** to fair and equal treatment and to the conditions necessary for survival, security, or social advancement;
- consciousness of a **capacity** to confront, challenge, and overcome social injustice wherever it occurs.

BOX 2: STATUS, AUTONOMY AND EMPOWERMENT: HOW DO THEY DIFFER?

The status of women *refers to the positions that women occupy in the family and in society relative to those of men and of women of other classes, other countries, other times. The United Nations and other organizations have compiled sourcebooks of indicators of the status of women such as literacy, education, employment, age at marriage, political representation, and legal rights. Like empowerment, status is multidimensional (a woman may have high educational status but low economic status, for example) and applies to individuals and groups.*

Female autonomy *refers to an individual's capacity to act independently of the authority of others. Like female status it is multidimensional, for a woman may have considerable autonomy in some spheres of activity but very little in others. Autonomy implies freedom, such as the ability to leave the house without asking anyone's permission or to make personal decisions regarding contraceptive use. Although household decision-making is often used as a measure of autonomy (for example, having the final say over how much of the family budget to spend on food), it is not necessarily a measure of power because such decisions may be delegated to women by other household members.*

Female empowerment *refers to the capacity of individual women or of women as a group to resist the arbitrary imposition of controls on their behaviour or the denial of their rights, to challenge the power of others if it is deemed illegitimate, and to resolve a situation in their favour. Empowerment implies a struggle for change against opposition. Like female autonomy, female empowerment requires access to key social and material resources from which power derives. Although there are commonalities across and within societies, sources of power also have important culturally-specific components.*

From the perspective of the international feminist movement, the empowerment of women can be thought of as a **transformative project** involving every aspect of gender-based individual, group, and institutional behaviour.

... and How Can it be Measured?

The measurement of empowerment poses a challenge to researchers. It is undoubtedly premature, if not impossible, to develop a universally applicable set of indicators that would be sensitive to variations of social context and meaning and yet, at the same time, be comparable across settings. One needs to know not only how to recognize power (what is it?) but also how to distinguish it from its sources (how do you get it?) and from its outcomes (what do you do with it if you have it?). This is not an easy task.

The demographic literature contains a wealth of data on the measurement of women's status, autonomy, or decision-making power. In some studies, indicators of women's status or autonomy are taken as **dependent variables**; the analysis focuses on those factors that may explain variations in women's position across individuals, households, communities, or regions. In other studies, indicators of female status or autonomy are taken as **independent variables** intended to help explain variations in demographic behaviour such as contraceptive use or child survival. In still others, they are **intervening variables** mediating between background characteristics and demographic outcomes. Sometimes indicators such as years of schooling or wage employment are used as proxies for autonomy or power, but critics have charged that these substitutes can be highly misleading. What is needed in both southern and northern country studies are direct measures of attitudes or behaviours that tap a capacity for resistance and transformation.

In southern countries, large-scale inquiries such as the Demographic and Health Surveys, with the exception of an Egyptian survey described below, have up to now offered little except the usual indicators of women's status such as age at first marriage, years of schooling, current employment status (whether working for cash), and marital/living arrangements such as polygyny or post-marital residence with the husband's family. Surveyors are reluctant to add expensive questions about autonomy or empowerment without prior evidence that such behaviour is demonstrably relevant to demographic and health outcomes. Yet, if questions on these topics are not included in national surveys, evidence is difficult to assemble except in smaller and more localized studies. Moreover, if we consider that female autonomy and empowerment are integral components of women's

health and rights, then **by definition** they are the proper subject of direct inquiry when linking health and social behaviour to demographic processes.

The 1994 Egyptian DHS contains a broad array of questions relating to women's status, autonomy, and power:

- indicators of **individual sources** of empowerment, such as the woman's age at first marriage, years of schooling, exposure to media, experience of work before marriage, current ownership of assets;
- indicators of **familial settings** that may be empowering or disempowering, such as size of dowry, post-marital residence with in-laws, age and educational gap between wife and husband; and
- **direct evidence5** of autonomy or empowerment, for example if the woman chose her spouse freely, currently controls earnings or expenditures, moves about with few restrictions, believes in more egalitarian gender roles, views wife beating as never justified.

The attempt to distinguish direct evidence of autonomy or empowerment from its immediate settings or potential sources is important because there is no guarantee that women can use available resources to empower themselves. Indeed, social norms and values emphasizing female subordination often override material considerations such as a woman's ability to support herself economically in a way that weakens the effects of personal resources on individual empowerment.

The collection of a wide range of measures, such as the 32 questions in the Egyptian survey, raises several methodological questions. Is it better to be comprehensive or selective in the choice of indicators? If one is to cast the net widely, which may be useful in unfamiliar terrain, then the multiple indicators will have to be reduced for analytical purposes. This may be accomplished through *a priori* conceptual reasoning, in which case the resulting dimensions may not be statistically independent, or through the use of statistical techniques such as factor analysis, in which case the dimensions may be difficult to interpret or to replicate in other settings.

If one is to be selective at the outset in the choice of indicators, then certain dimensions of autonomy or empowerment are bound to be missed. Yet if the researcher is interested in the effect of women's empowerment on a particular behavioural outcome such as the timing of first intercourse or marriage, it may make more sense to ask specifically about the extent to which a girl or woman felt entitled to choose her partner and the timing of the event rather than to try to relate the behaviour to a more general measure. Parsimony can be useful. In contrast, more comprehensive, multi-faceted measures of empowerment are helpful

if the researcher's primary interest is in monitoring empowerment *per se* rather than establishing its linkages to specific aspects of demographic behaviour.

Empowerment and Rights

The Universal Declaration of Human Rights addresses two types of individual rights. The first includes civil and political rights, or **individual libertiesA** such as the right of free association, movement, and expression, that are intended to protect all persons from abuses of state power. The second includes economic and social rights, sometimes called **entitlements**, that are intended to ensure to all persons an adequate standard of living including food, housing, schooling, health care, employment, and a clean environment.

The concept of human rights has evolved through numerous international proclamations and declarations in the past decades. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), for example, not only identifies and condemns all forms of discrimination against women but also insists on the elimination of **customary** practices and prejudices that result in unequal treatment. Statements from the World Conference on Human Rights in Vienna in 1993 as well as from Cairo and Beijing refer to the 'integrity of the person', which implies freedom from physical violence and rape, protection from harmful practices such as female genital mutilation, and self determination in matters related to sexuality and reproduction such as whether, when, and with whom to have sexual relations and bear a child.

If empowerment is signified by the capacity of an individual or group to protect and advance its own interests even in the face of opposition, then the research strategy becomes one of selecting clusters of interests or rights and establishing the extent to which women feel empowered to assert them. One of the many interesting contradictions inherent in this effort is that some women may consider certain customary rights and privileges of the type condemned by CEDAW to be critical to their own survival and security. Indeed, empowerment may be expressed through women's consciousness of violations of their traditional rights **as women** and through their efforts to assert traditional claims. Women's organizations may oppose liberal divorce or abortion laws, for instance, or insist on the right to wear the veil in public, or demand special protection or services in the workplace. The condition or process of empowerment *per se* thus needs to be distinguished from the purposes for which it is used.

BOX 3: ARE WOMEN EMPOWERED TO EXERCISE RIGHTS SUCH AS THESE?

***Sexual rights**: the right to 'control one's own body;' to enter marriage only with free and full consent and to terminate a marriage; to engage in pleasurable sexual relations free from discrimination, coercion, or violence; to refuse unwanted sexual acts or relationships; to protection from sexually transmitted diseases and unwanted pregnancy; to the respect of one's partner and to shared responsibility for sexual behaviour and its consequences. Freedom from the threat of genital mutilation, sexual harrassment, rape, prostitution, and sexual slavery.*

***Reproductive rights**: the right to decide freely and with full information on the timing and number of children (if any); to high-quality reproductive health information and services, including the choice of safe, effective and acceptable methods of contraception and sterilization, the prevention and treatment of reproductive tract infections and infertility, the safe termination of unwanted pregnancies, and safe pregnancy and childbirth; the right to bear and raise healthy children.*

***Education and training**: the right to schooling and, without discrimination based on gender, to the same choice of curricula, vocational training, university coursework, scholarships, literacy and adult education classes, extension programmes, and other formal and non formal educational opportunities.*

***Employment**: the right to work and to equal employment opportunities; to equal promotion, job security, training, and benefits; the right to equal pay and equal treatment with respect to work of equal value; the right to social security; to safe working conditions; to protection from dismissal on grounds of marriage, pregnancy, or maternity.*

***The right to property**: on an equal basis with men and regardless of marital status, the right to inherit, buy, sell, own, use, and administer property and to conclude contracts; the right to participate equally with men as beneficiaries of agrarian reform, housing, or land resettlement schemes; equal access to credit and loans.*

***Freedom of movement, association, and political activity**: The right to vote in all elections and to be eligible for election to all publicly elected bodies; to participate in the formulation and implementation of government policy and to hold any public office; to participate in non governmental organizations and associations; to move freely within one's country and to leave one's country and return; to participate in all aspects of religious, recreational, and cultural life.*

Once the clusters of rights are defined, the researcher can assess women's (and men's) knowledge, attitudes, and practices relating to these rights, together with their determinants, by using surveys, in-depth interviews, focus groups, direct observations, media analyses, or other research approaches.

- To what extent are women **aware** of the rights they have, or should have, either as universally defined, as understood by local law or custom, or as emerging in humanrights discourse?
- To what extent do women believe that they are **entitled** to exercise these rights even if others oppose them?
- To what extent are women willing and able to **act**, or have women acted in the past, individually or as a group, to defend or assert these rights?

'Enabling conditions' for empowerment and choice

The abstract notion of freedom of choice means little unless the social, economic, and political environment offers a genuine range of options.

For years, critics of the survey approach to demographic inquiry have urged that greater attention be paid to the context in which people make demographic decisions. There is a mismatch between theory and data, critics argue. Theories relating to sexual, marital, and reproductive behaviour, migratory behaviour, and health-seeking behaviour typically draw on institutional factors such as sexual norms and ideologies, household and kinship structures, intergenerational and inter household wealth flows, the nature of land and labour markets, the distribution of health services, cultural ideas about health and illness, religious strictures, government policies, and so on. In contrast, large-scale surveys tend to pull the actors out of their dramatic context and place them on an empty stage.

Identifying key aspects, or 'enabling conditions', of the decision-making environment is crucial to understanding the potential for female empowerment in general as well as specific components of demographic behaviour. Where is the locus of control over a particular decision such as the timing of a marriage or the choice of a mate, for example? What influences how much agency a young bride has in deciding whether to delay a first pregnancy? Who decides about the allocation of family labour within the household and in the labour market, and within what framework of opportunities and constraints?

Decision-making environments range from the immediate context of interpersonal interactions, through the intermediate context of family and community influences, up to the broader context of market and state forces. **At each of these levels**, elements of the environment can empower or disempower women and influence demographic processes. **At each of these levels**, questions can be posed about the distribution of potentially empowering material and social resources. For example:

- What are the most valued **material resources** or signs of wealth such as land, housing, furnishings, personal adornments, income in cash or kind, the accumulation of capital, control over labour (familial or non-familial)? What about less obvious resources in rural communities such as ownership of or access to livestock, fodder, fuel, water? Who controls these resources within the household, the community, the market, the state? What are the mechanisms (laws, policies, customs) by which access to and control over resources (e.g., ownership or use rights) are allocated? What role does gender play in this allocation process?

- How are valued **opportunities** distributed within the household or family, the community, the market, and the state? These include opportunities for schooling (formal and informal), technical training, agricultural extension services, credit, and employment in various sectors; access to health care, family planning services, legal assistance, social welfare services, and child care; opportunities to buy consumer goods, to have access to information and entertainment, to move about freely in public and engage in the cultural life of the community, to enjoy rest and leisure, to participate in political decision-making. How are these opportunities structured by gender?

- What are the major focal points and boundaries defining **group identity and solidarity** within the household or family, the community, the market, the state? Along what lines is group mobilization for action most likely to occur (for example, neighbourhood organizations, market women's associations, consumer movements, labour unions, political parties and protest movements)? To what extent do these groups reinforce or transcend gender, and what role do women play in maintaining or challenging group solidarity or expressing group demands?

- How does the **content of prevailing norms and ideologies** come to bear on the potential of women to empower themselves in the household or family, the community, the market, the state? What are the core ideas relating to sexuality and gender as they intersect with ideologies of kinship, class or caste, race or ethnicity, religion, nationalism, economic life, and so on? Are these ideologies 'open' or 'closed' with respect to providing space for alternative beliefs or practices?

The research strategy behind these questions is two-fold: **first**, to identify key elements in the decision-making environment that may empower or disempower women in general or with specific reference to their sexual and reproductive health and demographic behaviour; and **second**, where feasible, to design programmatic or policy interventions with the goal of enabling girls and women of all social classes to exercise their rights.

Environments are shaped by economic, political, and social forces operating at global, regional, and national levels as well as locally. Market forces, political ideologies, economic policies, ethnic or religious and national rivalries, and a multitude of other forces all play their part. An enabling environment does not necessarily empower, but the empowerment of women is almost impossible in the absence of enabling conditions.

Female Empowerment and Demographic Processes

The Cairo agenda does not address in detail the nature of the connections between female empowerment and demographic processes because, as noted above, advocates considered empowerment a worthy goal in and of itself. However, a considerable literature has addressed the question of how women's status, autonomy, or empowerment may affect or be affected by the timing of the first birth, contraceptive use, reproductive preferences, and decisions to migrate, among other processes. Moreover, there is a vast scope for additional research.

The Cairo Programme of Action highlights a number of processes that are inherently demographic (despite the rubric of sexual and reproductive health) because they relate to fertility, morbidity and mortality, and/or population structures and movements. Sexual behaviour; the formation and dissolution of unions; reproductive preferences; unplanned childbearing; contraception and abortion; reproductive morbidity and mortality; child survival and health; and voluntary and involuntary migration all are imbedded in socially constructed sex/gender systems and can be analysed through the lens of female empowerment. For example:

- To what extent are girls and women in specific contexts able to **negotiate the terms of a sexual relationship** in general or of a particular sexual act, including the choice of a partner, the nature and timing of the sex act, the achievement of sexual pleasure, protection from unwanted pregnancy or sexually transmitted disease, protection from physical or emotional harm, and the assurance of male responsibility for sexual behaviour and its consequences? How can girls or women, married or unmarried, individually or as a group, be

empowered to negotiate effectively in their sexual lives, and what impact would such empowerment have on sexual relationships and outcomes? What specific policies or programmes would create the 'enabling conditions' for pleasurable and responsible sexual behaviour?

- How does the empowerment of girls and women affect whether and when they first **marry or form a sexual union**, their capacity to negotiate a fair distribution of rights and responsibilities within the relationship, and the propensity for marital dissolution and remarriage? To what extent or in what ways are early marriages more empowering or disempowering for females than later ones, or arranged marriages compared with those based on free choice, or consensual unions compared with formal marriages, or polygynous vs. monogamous unions? Do factors such as the age or educational gap between partners, or their living arrangements, make a difference? What policies or programmes would enable women to negotiate more favourable 'terms of trade' at the time of marriage, during marriage, and at its dissolution?

- Under what conditions are women likely to **develop preferences for delayed childbearing and fewer children**, and specifically for replacement level fertility or below? Are these same factors likely to affect men's preferences? How and why do male and female preferences differ in specific contexts, and with what results? To what extent does female empowerment within the context of an environment of choice contribute to lower desired and achieved fertility? Of key importance here is the question of the sexual, marital, and reproductive goals of adolescents and the extent to which they have access to the resources they need to make informed choices. At what point in the process of transition to very low fertility rates might an unrealized desire to have **more** children become relevant, and what role might female empowerment play in contributing to or resolving this dilemma?

- To what extent and in what ways does female empowerment **reduce the incidence of mistimed or unwanted pregnancies** and childbearing? If girls and women had a greater capacity to negotiate the terms of trade of a particular sexual relationship or sexual act, would they be less likely to experience an unintended pregnancy? Or, if they could be assured of their partners' willingness to share responsibility for raising a child, would fewer pregnancies or births be defined as 'unwanted'? In turn, how does the experience of having an unplanned pregnancy affect a woman's sense of her own capacity to control key features of her life?

- How does female empowerment **improve women's access to safe and acceptable methods of contraception and abortion** and their effective use? By definition, choosing to use contraception or abortion under conditions of fully informed consent is empowering to women because it provides a crucial

BOX 4: HOW CAN REPRODUCTIVE HEALTH PROGRAMMES EMPOWER GIRLS

A comprehensive sexual and reproductive health programme includes high quality services in contraception, sterilization and abortion together with counselling on sexuality and sexually transmitted diseases, treatment or referrals of STDs, identification and treatment of other reproductive tract problems, and medical surveillance during pregnancy, childbirth, and the postpartum period. The transformation of gender roles to encourage male caring and responsibility should play a crucial role in the information, education, and communication (IEC) aspects of programme activities.

Programmes can contribute to the empowerment of girls and women in at least three ways: through the training, employment, and conscientization of women workers at all levels; through interactions with clients that include culturally sensitive counselling, the exchange of accurate information, and the delivery of high quality services; and through the influence of programmes on the community as a whole.

Indicators of female empowerment resulting from programme interventions could include the following, among others:

- *a woman feels confident about how to plan her pregnancies, if any, and is fully satisfied with the method and the provider she has chosen;*
- *a woman is determined to protect herself from the risk of a sexually transmitted disease or an unwanted pregnancy even if her relatives or partner disapprove;*
- *a woman is willing to refuse or terminate a sexual relationship or to seek assistance in changing her partner's behaviour rather than endure physical, sexual, or emotional mistreatment;*
- *a woman is willing to insist that her partner remain sexually faithful, that he seek treatment for a sexually transmitted disease, or that he use condoms;*
- *a woman initiates other health-seeking behaviour with regard to her own sexual and reproductive needs or the health needs of her children;*
- *a woman refuses to tolerate poor quality treatment and feels entitled to demand good services and to be treated with dignity;*
- *a woman understands that control over her sexual and reproductive life can lead to other positive changes, and feels empowered to claim her rights in other spheres.*

element of control over their reproductive capacity. Whether it leads to empowerment in other spheres, however, depends on the full context of their lives. How might family planning programmes themselves empower women and especially adolescent girls to challenge male privilege and authority and to insist on their partners' full co-operation in fertility and disease control (Box 4).

- To **reduce the incidence of reproductive morbidity and mortality**, how could women be empowered to recognize and take care of their own reproductive health needs and to demand better services? In particular, how could women be empowered to avoid or overcome high-risk situations such as exposure to damaging reproductive tract infections and possible infertility; early, closely spaced, or late childbearing (intended or unintended), harmful pregnancy and birth practices, and poor quality prenatal and maternal care?

- In what ways does female empowerment **contribute to the survival, health, and well being of children**? Are women with more power and influence more likely to delay, space, and limit their childbearing and thus improve the survival chances of their infants? Are they more likely to invest in the care and nurturing of their infants and children, for example with breast feeding, vaccinations, improved nutrition and sanitation, and adequate medical care, and to demand better child health services and more participation in child rearing from their partners? Does the empowerment of women weaken the preference for sons and reduce disparities in the treatment of sons and daughters? Are there cases in which empowering women to meet their own needs (e.g., in employment, in divorce) may work against the best interests of the children? In what ways? How can family and workplace policies and programmes help to ameliorate potential conflicts between the rights and well being of adults and children?

- Finally, how does female empowerment **facilitate or inhibit migratory flows of particular types**, and how do migratory processes voluntary and involuntary, short- and long-distance, temporary and permanent, labour- or marriage and family-motivated serve to empower or disempower women in specific contexts (Box 5)? How does the migration of men affect the autonomy and power of women left behind, in the short and long term? How do the potentially empowering or disempowering experiences of male migrants affect the women who move with them? In turn, as girls and women gain greater individual agency, under what conditions does their empowerment translate into decisions to migrate autonomously or to resist parental or spousal expectations that they will move?

BOX 5: EMPOWERING AND DISEMPOWERING ASPECTS OF MIGRATION

Within the past two or three decades, the representation of women among internal and international migrants has increased, in part because women are better able to take advantage of new opportunities. In many southern and northern countries, women dominate rural to urban migration streams and in some cases they also outnumber men among labour migrants from southern to northern or Middle Eastern countries.

Migration can facilitate the empowerment of women in direct and indirect ways. The relationship is a complex one, however, and under some circumstances, migration can perpetuate patriarchal systems or disempower women.

Although research on this topic is limited, it is possible to make some tentative generalizations. Migration is more likely to empower women when:

- *women move from rural to urban areas, thereby exposing themselves to wider range of influences, attitudes, and behaviours;*
- *the migration is not clandestine or undocumented;*
- *women work outside the home at the place of destination and personally control at least some of their cash income;*
- *they find jobs in the formal rather than the informal sector;*
- *women move autonomously, thus separating themselves at least temporarily from the authority of family members;*
- *women form new social networks with other women at the place of destination;*
- *the migration is long-term or permanent.*

Women may be disempowered, however, under conditions in which:

- *they are forced to work in bonded labour to pay back debts incurred, or fear arrest if they are undocumented;*
- *they work in unprotected occupations such as domestic labour, entertainment industries, and involuntary prostitution;*
- *they become targets of racial discrimination and subject to physical, sexual, and psychological abuse at the place of destination;*
- *the migration is associated with post-marital residence in the husband's village far from the woman's natal village where she has family and friends;*
- *women migrate with husbands or family members who impose new restrictions on their physical mobility or who use physical violence as a form of control*

Virtually all of the connections suggested below depend on the characteristics of the particular environments in which they occur. The distribution of mate-

rial resources and economic and social opportunities, the potential for social mobilization, and the force of ideologies, among other elements, can facilitate or constrain female empowerment and its relationship with demographic outcomes. Processes are played out differently at the individual level and in the household or family, the community, the market, and the state. Case studies that incorporate key elements of these environments together with their interaction effects can make important contributions to the study of population processes.

BOX 6: THE EFFECTS OF EDUCATION ON FEMALE AUTONOMY AND FERTILITY DEPEND ON THE CONTEXT

Analysis of the links between formal education and fertility in 53 countries reveals that in some settings it requires at least an upper primary education to reduce markedly a woman's desired and actual family size.

Smaller increments of educational attainment translate into greater changes in fertility in Latin America and the Caribbean than in other regions, in large part because of the higher levels of development and gender equity that exist in many of these countries relative to other regions.

Findings from Egypt, Ghana, and South Asia indicate that in settings characterized by high levels of gender inequality, relatively low levels of education enhance women's autonomy only in limited, non-economic areas of decision making such as breast-feeding, child care, and contraceptive use which do not threaten the traditional locus of power in the household.

It appears that in highly stratified settings such dimensions of autonomy such as a woman's decision-making authority and her social and economic self reliance are not enhanced until relatively high levels of education have been attained. In contrast, in more egalitarian settings even modestly educated women are likely to participate in important family decisions, to work in non-farm occupations, and to control economic resources.

Empowering Women to Shape Policy

If female empowerment is, indeed, a 'transformative project', then the idea is not simply to transform individual behaviour but to transform the environment itself. One looks not only at how elements of the environment encourage or inhibit female empowerment, but at how the empowerment of women (in general and as members of particular classes, castes, ethnic or religious groups,

age groups, and so on) can transform institutional structures and ideologies. The mobilization of advocates of women's health and rights in southern and northern countries to rewrite the Cairo agenda is just one example of how female empowerment can shape public policy by rewriting the population paradigm.

From a policy perspective, it could be useful to think imaginatively about how to support the activism and effectiveness of women's health and rights advocates in both southern and northern countries in addition to following the more conventional course of analysing the potential effects of the empowerment of women as individuals on their reproductive health and demographic behaviour. That is, greater attention could be paid to how to promote the principles of ICPD on the public stage by strengthening the capacity of women's groups and organizations to apply pressure to governments and other institutions to design and implement the policies and programmes that ICPD requires.

Feminists and other supporters of human rights have long argued that population policies, like development policies, should derive from an ethical position based on the achievement of social justice and universal human rights. It is within this framework that activists recast the language of the Cairo Programme of Action to emphasize the interconnections between health, empowerment, and rights. The promotion of these principles at the national level together with specific policies and programmes relating to the sexual and reproductive health and rights of adolescents and adults regardless of age, marital status, or economic condition depends on enabling conditions such as the following:

- the existence of 'political space' (democratic openings) for popular participation in setting the agendas of governments, political parties, and other institutions;
- the support of an active and informed civil society, including a variety of women's organizations, human rights groups, trade unions, church groups, professional associations, community-based associations, and others;
- accountability on the part of governments to implement the recommendations of Cairo and Beijing, among other policies, including the 'mainstreaming' of women in all sectors of the political and development process;
- insistence on the part of international agencies and bilateral donors that gender equality is a prerequisite for just and sustainable development, and that policies promoting gender equality are therefore conditions of financial support;
- critical analysis of current macro-economic processes such as economic globalization, the expanded role of multinational corporations, unequal terms

of north-south trade, and of policies such as structural adjustment programmes, that exacerbate inequalities and fail to account for the human costs;

- confrontation with major ideological threats to women's rights and empowerment, such as religious, ethnic, or nationalist fundamentalist movements whose ideologies are expressed in the control of women's bodies and women's lives.

In turn, the effectiveness of women's efforts to mobilize collectively for policy change depends on these factors, among others:

- accurate analyses of the policy process, including the political context and the personal and group interests of key actors and stakeholders (Box 7);
- the development of a flexible approach to policy change that takes strategic advantage of shifting opinions and unfolding events;
- alliance building with individuals and groups across all sectors of society who share common concerns (e.g., reproductive rights, economic and social rights, environmental concerns) to build political leverage and community support;
- sustained networking and exchange of information, ideas, policy positions, and planned interventions with a view to co-ordinating actions in a systematic way;
- cultivation of and ongoing engagement with responsible and supportive representatives of the mass media who can influence public opinion;
- appeals to ideas of fairness and justice, or to commitments made on the part of governments or legal systems, against which violations of rights or denials of opportunities are defined as unacceptable;
- effective use of supportive evidence from social science research, legal cases, personal testimonials, and other sources that are accessible, relevant, and persuasive in the stories they tell;
- preparation of policy proposals in targeted areas that go beyond lists of demands or complaints to propose concrete solutions and specific policy content.

Empowering women to shape policy may appear to be far beyond the task of demography, which, conventionally understood, is to undertake the scientific study of population structures and processes. However, demography has always been a policy-oriented science. It has expressed concerns about the 'political arithmetic' of population size, about threats of differential growth to the 'quality' of populations (from eugenics to human capital), about the persistence of poverty and illness and untimely death, about the human costs of excess childbearing and the environmental costs of overpopulation, about the nature of economic development and its effects on population trends and char-

acteristics. And it has proposed solutions: economic and political solutions, social solutions, administrative and technical solutions. Among these, the promotion of family planning programmes as a means of controlling runaway birth rates in southern countries has been the biggest 'solution' of them all.

BOX 7: EMPOWERING WOMEN THROUGH THE POLICY PROCESS

A key factor determining the ability of interest groups to influence public policies is their skill in analyzing the dynamics of the policy process and identifying the interests of major actors. There are no clear rules as to what works and what does not, because the terrain shifts as the policy process evolves. The content of a specific policy may be less pivotal in determining whether or not it is adopted than are other components of the analytical model such as the political context, the process, and the interests of stakeholders.

A successful mobilization effort in South Africa took advantage of the democratic opening following the defeat of the apartheid government to design a progressive new health policy. The Women's Health Project, established in 1991 to involve women of all races and classes, formed alliances with trade unions, academics, women's groups, health professionals, church groups, NGOs, and some government bureaucrats and politicians in a regionally-based consultative process. The outcome was a set of rigorously drafted policy documents not just lists of demands with which to lobby the new government.

Among other accomplishments, the Women's Health Project and its allies convinced the African National Congress in its party platform to recognize a woman's right to choose whether or not to terminate her pregnancy according to her own beliefs. The road to legislative change was a rocky one, however, with pro- and anti-choice stakeholders and cautious politicians of varying perspectives attempting to influence or avoid the outcome. The Choice on Termination of Pregnancy Bill, which passed in 1997, reflects the central concerns of activists regarding women's reproductive health and rights. Most important, the policy struggle itself empowered women to improve their position in other ways.

The science of demography has always been used to inform policy, that is, to propose, design, implement, and evaluate solutions to perceived demographic problems. What has been largely missing from the scientific and policy agenda within demography, up to now, is a proportional concern with the harmful effects of gender systems that subordinate girls' and women's rights and well being to the exercise of male power and privilege. This relative neglect of gender is particularly notable given that the dynamics of sex/gender systems

are interconnected with population structures and processes in fundamental ways. The application of the concepts and tools of demography and related fields to the analysis of these interconnections and the promotion of female empowerment thus appears as a logical step in the evolution of the discipline.

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No. 15
Abortion, Women's Health, and Fertility

David Anderson

Introduction

The policy monograph on the subject of Abortion, Women's Health, and Fertility is based on a seminar organized by the Committee on Anthropological Demography of the International Union for the Scientific Study of Population and the Centre for Development Studies, Trivanrum, held in Trivandrum, India, from 25-28 March 1996.

Today, worldwide, women may wish to interrupt a larger percentage of pregnancies than ever before. Throughout this century and especially since mid-century, women in nearly every country have been wishing to bear fewer and fewer children. As a result of these declining fertility desires and changing mores, the proportion of marital and extramarital sexual activity in which children are unwanted or unacceptable has increased. Theoretically, modern contraceptive techniques, such as intrauterine devices, surgical sterilization, and pharmaceuticals can prevent pregnancy in most instances. In actual practice, all except sterilization very commonly allow pregnancies to happen. Moreover, partly because modern techniques are unavailable in many areas, a majority or at least a sizable minority of the world's contracepting women rely on traditional methods, such as periodic abstention from intercourse, coitus interruptus, and herbs. Based on observations in many populations, these methods cannot limit pregnancies to anywhere near the 2 or 3 that most women want. Abortion is women's only option to close the gap between the number of their pregnancies and the number of children they consent to bear.[1]

The World Health Organization estimated that worldwide, about 50 million abortions were induced annually in the years circa 1990. Combining this estimate with others, WHO concluded that each year in this period, approximately 3.4% of women in the childbearing ages of 15 to 49 years had an abortion (the *abortion rate*), and 25% of all pregnancies ended in abortion (the *abortion ratio*). These estimates imply that at least a substantial minority of the world's women have the experience of undergoing or self-administering a procedure to induce abortion sometime during the span of their childbearing

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1 Throughout this essay, unless otherwise noted, 'abortion' means induced abortion, or the voluntary removal of a conceptus from the uterus.

years. Many are at high risk for procedure-related morbidity and mortality, with repercussions, too, for their families and wider social networks. So many abortions and complications are deeply troubling, emotionally or morally, to many people. They impose considerable strains on health budgets, personnel, and resources, which, in some areas, might seriously compromise the ability to pursue other health objectives.

These global rates do not, of course, apply equally to all women everywhere. A Population Council compilation of data showed that the abortion rate was twice as high among more developed compared to less developed countries: 6.0% versus 2.8%. Abortion rates (per 1,000 women aged 15 to 44 years) ranged from a low of 6 in the Netherlands, to 13 in Tunisia, 100 in Viet Nam, and - highest of all - 183 in Romania. Corresponding abortion ratios were 9.6% in the Netherlands, 9.8% in Tunisia, 38.4% in Viet Nam, and 74.4% in Romania.

The significance of the enormous and often hidden activity of abortion was the subject of a seminar of the Anthropological Demography Committee of the International Union for the Study of Population and the Kerala Center for Population and Development. Meeting in Trivandrum, India, demographers, anthropologists, and sociologists assessed the quality of data relating to abortion (see 'The Limitations of Existing Data on Abortion'), explored the widely varying motives and pressures to abort, examined abortion's links with women's health and fertility, and discussed policy options.

BOX 1: LIMITATIONS OF EXISTING DATA ON ABORTION

The circa 1990 abortion rate and ratio calculated by the World Health Organization provide the best available estimates of the global incidence of induced abortion. They indicate that the practice is so pervasive that the potential consequences for fertility and women's health cannot be ignored anywhere in the world.

While the WHO statistics are firm enough to establish that abortion warrants concerted medical and political attention, they nevertheless carry a considerable margin for error. In the years circa 1990, only 23 countries - about 10% of the world's complement of nations, accounting for 15.5 million of the total 50 million estimated abortions - were judged to have reasonably complete statistics. All were more developed countries except for China, Cuba, Singapore, Tunisia, and Viet Nam. Each country had sufficient medical organization to generate robust abortion records, either as part of routine recording of all procedures in a national health system, or through registration systems and provider surveys in a private system. In addition, these countries offered

abortion with more or less minimal legal restriction. In general, neither women nor abortion providers needed to conceal procedures for fear of potential legal repercussions.

In the rest of the world, the reported number of abortion procedures was thought to represent less - sometimes much less - than 80% of the true incidence. Demographers have used various assumptions to extrapolate abortion rates and ratios from such faulty data.

In most Latin American countries, for example, abortion is illegal. Most women who wish to terminate a pregnancy attempt to abort themselves or else seek out a practitioner who will perform a procedure in secret. For the most part, the mainstream health system learns of these events only when women experience post-procedural complications that compel them to seek treatment at a hospital. To estimate abortion rates in these countries, demographers start with the number of such hospital admissions. They then assume, based on other observations, that, depending on the country, roughly a third to a fifth of all induced abortions result in complications leading to hospitalization. The total number of abortions, then, is 3 to 7 times the number of women hospitalized with complications of abortion.

Modelling methods that are even more indirect were used to determine abortion frequency in many other countries. The Bongaarts method, for example, first makes a hypothesis about what the 'natural' total fertility rate would be if all women were married throughout their reproductive lives and none contracepted. This 'natural' rate is usually thought to be around 10 children per lifetime. The model then explains the difference between the 'natural' fertility rate and the actual observed rate by the effects of 'proximate fertility determinants' - factors that restrict births, such as the portion of reproductive life that women spend unmarried, the use of contraception, levels of infertility, and abortion. In practice, the data for all other proximate determinants is always more complete and trustworthy than that for abortion. As a result, the abortion rate is estimated to be the residual difference between the 'natural' and actual birth rates once all the other proximate determinants have been estimated and subtracted from the ideal rate. It is intuitively obvious that such an estimate is inexact.

Demographers report that women are more willing to speak about their abortion experiences than has been generally supposed. Some even believe that it may be possible to employ large-scale instruments such as the Demographic and Health Surveys to obtain reliable information about abortion practices, providing interviewers are properly trained. Meanwhile, existing data are useful for generating hypotheses about abortion practices and effects, although not robust enough to make wide-ranging comparisons between different countries or theories.

Abortion and Women's Health

Women have terminated unwanted pregnancies everywhere in all historical periods. Today, skilled practitioners using modern equipment in hygienic facilities can perform vacuum aspiration and dilatation and curettage, and administer abortifacients during the first two trimesters of pregnancy with slight risk of complications. Swedish women in one recent year had a total abortion rate of 2 per lifetime, with not a single death. In the United States a few years ago, the maternal mortality rate from all causes was 1 in 10,000, only 1% of which was related to abortion.

In many less developed regions, however, and in some subpopulations in more developed regions, high proportions of women still self-administer or undergo traditional or faulty modern procedures. The adverse consequences of poor technique or the use of contaminated or unsuitable instruments include damage to the reproductive organs, haemorrhage, infection, sepsis, septic shock, and death. Long-term sequelae include chronic pelvic pain, incontinence, obstetric problems, and infertility. Latin America (excepting Cuba and Puerto Rico) stands out in this respect. In 1990, the average Brazilian woman had a 25% chance of sooner or later having recourse to a hospital due to complications of an induced abortion. The odds were similar in Chile, Colombia, Dominican Republic, Peru, and Mexico. As with the less severe complications, abortion-related mortality is much more common in developing countries. In Mexico, abortions are thought to increase the baseline maternal mortality rate by at least 25% to 50%. In the Matlab study area in Bangladesh in the years 1982-1995 the figure was about 25%; in Russia in 1980 it was 35%. According to one estimate, 15,000 to 20,000 Indian women die from abortion-related causes each year.

The most important single determinant of abortion's impact on women's health appears to be its legal status. Where abortion is legal, physicians can learn procedures in schools, and equipment and supplies can be manufactured and obtained openly. Providers do not need to conceal their activities; when they encounter complications they can refer their patients to emergency facilities promptly, along with the complete and accurate case histories that are needed for optimal management. Women can find abortion services more easily, since they can be freely advertised, and so are better able to obtain a procedure in the earlier, safer stages of pregnancy. Recent events in Romania dramatically illustrated the link between legality and safety. After a long-standing ban on abortion was lifted in 1990, abortion-related mortality fell by nearly two thirds, from 170 to 60 per 100,000 live births, despite a doubling of the abortion rate.

The World Health Organization uses legality as its sole criterion for classifying abortion as safe or unsafe, and has estimated on this basis that 40% of 50 million abortions performed annually circa-1990 are unsafe. While this is a serviceable generalization, some illegal abortions are actually relatively safe. In Sri Lanka, abortion is banned except when a pregnancy is a mortal danger to the mother. Yet practitioners and clinics abound that give quick pregnancy tests and perform vacuum aspirations. Police ignore these activities unless a woman dies. The growth of this illegal but tolerated abortion network coincided with a decline in the rate of hospital admissions due to complications of abortion, from 870 to 845 per 100,000 procedures, between 1980 and 1990. In Latin America, inexpensive and safe albeit illicit abortions are available in many major urban centers. Some experts believe that these now comprise a sufficiently large share of all abortions that they are starting to have an ameliorating impact on regional rates of complications.

Nor does the mere fact that abortion is legal guarantee that every woman can obtain a procedure of good quality. In India, for example, the number of trained practitioners and adequately equipped facilities in the public health system is able to accommodate only a small fraction of the demand for services. So sparse are abortion services and outreach in the state of Bihar, that a significant proportion of women there told researchers they thought that abortion was still against the law - 25 years after its legalization in the 1972 Medical Termination of Pregnancy Act. With respect to sub-Saharan Africa, some experts contend that even where abortion is legal, the prevailing poverty precludes training and other activities that underwrite safety.

Legalization does not necessarily change entrenched social attitudes toward abortion, or persuade husbands and family members to accept a woman's decision to abort. In Europe, Asia, and America, women commonly report encountering opprobrium and poor treatment from health workers who disapprove of their desire for an abortion. In Russia, state health workers, apparently taking it upon themselves to administer punishment, routinely perform abortions without anesthesia. In India, health workers commonly pressure women to undergo sterilization following an abortion. Rather than risk or submit to such experiences, many women try to abort themselves or turn to private practitioners who offer discretion, but whose methods and skills may range from excellent to terrible. A recent study in India concluded that in 1991-1992, 10 of every 11 abortions in India were administered outside of the public health system.

To summarize, due to disapproving social attitudes and service shortfalls, many women who are eligible for legal abortion nevertheless confront the same difficulties as do women where abortion is illegal. Money and social connections become prime determinants of their ability to obtain an effective

and safe procedure. These factors partially underlie Tanzania's experience, in which, although married women have the highest abortion rates, schoolgirls have much higher rates of complications.

A study of market vendors of abortifacients in Mexico City illustrates the interplay of legality, social attitudes, and money. As mentioned before, abortion is outlawed there. A woman with the most severe financial constraints might consult a pharmacist first, since drugs, being subsidized by the state, are cheaper than herbs. Pharmacists, however, tend to be ill-informed about the safety and efficacy of the compounds they provide - partly because of a scarcity of information related to illegality, and partly because personal opposition to abortion disinclines them to seek out what information is available. The compounds the pharmacists in the survey provided most frequently were metrigen, benzoginestryl, and quinine. In fact, neither metrigen nor benginestryl can induce abortion. Quinine can, but would need to be taken in very high doses that risk serious side effects including death. Prostigmine and syntocinon, mentioned by some pharmacists, may be effective. A woman who felt able to pay a little more might seek out a herbalist. The most frequently recommended herbal teas, made of rue or *zaopatle*, appear to be somewhat effective, with unknown side effects, but relatively safe. A surgical abortion costs several times as much as a drug or tea.

In settings where affordable high-quality abortion services are unavailable, abortion is best viewed as a process rather than an event. Women commonly try several means to end their unwanted pregnancies, first attempting to abort themselves, then using methods supplied by various practitioners until something finally works or they give up. Each successive attempt adds to the costs and dangers, and each failure means that the next attempt will occur later in the pregnancy. Even a woman who has the ability to find and pay a trained practitioner may require many weeks to do so, particularly since illegality hinders her from acting openly. As a result, she may pass beyond her first trimester, the stage when abortion is safest, before she is able to arrange a procedure.

Abortion and Fertility

Demographers agree that abortion is playing an important role in the ongoing decline in global fertility, but the precise impact is extremely difficult to estimate. Overall, populations in developing countries where the average woman has 3 to 5 children in her lifetime may well be most likely to combine a strong desire to curb births with limited access to effective contraceptive technologies. Data from Kenya, Bangladesh, Brazil, and Sweden seem to bear this out.

Women in these countries were recently estimated to be giving birth to children at a pace that would result in their experiencing an average of 6.6, 4.3, 2.9, and 2.1 births, respectively, over the full course of their reproductive spans. Their corresponding abortion rates were 0.9, 1.2, 3, and 0.6 per lifetime. However, the incidence of abortion also depends on the level of sexual activity in the reproductive ages (largely determined by marriage rates), access to abortion services, and the degree of moral and emotional acceptance of contraception and abortion. All of these vary widely from population to population, with the result that relationships like that linking mid-range fertility and high abortion incidence do not hold consistently worldwide.

Ironically, the more women rely on abortion, the less efficient abortion becomes as a means of fertility control. More procedures are required to reduce births by an equal number when the rate of contraception is lower. Demographers estimate that each abortion prevents an average of 0.4 births in noncontracepting populations, up to 0.8 births where effective contraception is widespread. The discrepancy has to do with the timing of the next birth after the abortion.

Policy Implications

Abortion is an appropriate subject for policy making primarily because of its impact on women's health. The Programme of Action adopted by the 1994 International Conference on Population and Development contains three statements to this effect: Abortion is a major public health concern; Where abortion is legal, safe procedures should be available to everyone; Whether or not abortion is legal, high-quality services should be in place for women suffering from complications of these procedures.

The two most straightforward general strategies for reducing the toll of abortion on women's health are reducing demand and improving the safety of procedures. The two should be pursued together for an optimal health benefit.

Reducing Demand for Abortion

Promoting women's ability to avoid unwanted pregnancy and promoting women's ability to avoid unwanted fertility obviously overlap to a large degree. Clearly, in each case, success hinges on women's being able to regulate their own sexual activity, exercise autonomy with respect to contraception, and employ effective contraceptive methods.

In most places, wider distribution of family planning services is probably the most promising single strategy for rapid rollbacks in unwanted pregnancy, fertility, and abortion. As previously mentioned, abortion rates seem to peak where the desire to lower fertility is intense and family planning services are sparse. The limited reach of family planning in Turkey is the main reason why rural women who already have several children and wish to forestall further expansion of their families dominate the clientele for abortion services. Similarly in India, the relative scarcity of family planning services in the countryside is a primary reason why rural women undergo a large majority of all abortions. The contraceptive options offered by family planning services also need to be made more suitable. Among Turkish women who can obtain modern contraceptives, a high level of failure - 25% with the pill - is another important condition for high abortion rates. When a group of Kenyan women were surveyed as they visited an illegal abortionist, most said they had previously used some form of contraception, and of these most said they had stopped because of side effects. Detailed discussion of the challenges of providing effective family planning services falls without the purview of this essay, but can be found in many other publications.

To obtain the greatest reduction in abortion rates, the extension of family planning services should focus on the groups at highest risk for abortion. Because abortion is a discrete decision that arises after an unwanted pregnancy occurs, these groups may have distinctive characteristics compared to those at highest risk for unwanted pregnancy.

Women reject pregnancies for two general reasons: the timing is inconvenient or they already have as many children as they want. Some other rationales are also very important, such as rape, threats to the mental or physical health of the mother, and likelihood of genetic defects or disease. However they pertain in only a relatively small portion of all abortions.

What makes a pregnancy mistimed is a woman's particular situation together with the codes of her group. In most societies, researchers have found, certain social and age groups are at highest risk. North Americans and Western Europeans who undergo abortions tend to be primarily adolescent, unmarried, and married childless women who wish to delay the start of childbearing. In Eastern Europe and developing countries, most women who terminate pregnancies are older, have already produced children, and plan to have at least one more - but not just yet.

More useful than these broad patterns is information about specific population subgroups that have outstanding abortion rates, and so deserve concentrated attention. In the United States, for example, the abortion rate is 21 per 100,000 among white women but 56 per 100,000 non-white women. In the Netherlands, immigrants from former colonies have much higher abortion rates than native

Dutch women. In some cases, the factors whose confluence elevates women's risk of unwanted pregnancy appear to derive from social phenomena that are perhaps too fundamental for easy policy intervention. In Bihar, India, for example, they relate to the age-old custom of arranged marriage together with parental reticence about sexuality. Girls in their early teens who have recently consummated a marriage - despite being previously completely untutored in sexual and reproductive matters - are among the most common seekers of abortion. Their objective is to put off childbearing pending greater physical and emotional readiness. In other cases, some behaviours that ultimately result in abortion appear less deeply embedded. Indian scholars have noted, for example, that Keralan women tend to undergo sterilization when they have achieved their desired family size, but not until after they have conceived and aborted one last pregnancy.

Women in a few populations rely on surgical termination of pregnancy in preference to contraception as their primary means of birth control. In Japan, the consequences for women's health are probably not important, since little morbidity or mortality attaches to abortion. In Eastern Europe, however, they may be significant. In both cases, the medical establishment has played a leading role in limiting use of the pill and other forms of contraception. In addition, the former Communist governments of Eastern Europe denounced these methods as symbols of capitalist decadence, and some of this taint may still linger. In any case, modern birth control technologies are not yet widely used in these countries.

A unique scenario in which women begin pregnancies willingly only to terminate a large percentage of them occurs in parts of India, Singapore, and some other Asian settings. Many women desire to bear males but are unwilling to carry females to term. Once pregnant, such a woman will employ ultrasound or another technology to ascertain whether she is carrying a male or female; if the latter, she will usually abort. One study has estimated that with plausible levels of access and willingness to utilize these services, women in Maharashtra would have incurred nearly 250.000 excess maternal deaths between the years 1981 and 1991. Indian law prohibits this practice, but has proven ineffective. More promising are policy initiatives aimed at changing the social conditions that support son preference.

Improving the Safety of Abortion Procedures

Legality is an essential prerequisite for the ability to provide reliably safe abortion services. Although the world has witnessed a wave of liberalization of abortion laws since the 1950s, a significant number of countries still have absolute bans on their books. The largest number of countries sanction abortion only when the pregnancy threatens the life of the mother. A somewhat

lower number permit termination of pregnancies resulting from rape. The roster of legal justifications for abortion in a still smaller circle of countries includes a number of progressively more common conditions - such as the general physical or mental health of the mother and possible genetic disease of the infant. Countries that allow abortion on request - at least for women who have reached the age of legal independence - include the United States, most European countries, China, and India.

An observation bearing on the prospects for reform of abortion laws is that existing restrictions often neither reflect current public opinion nor even represent contemporary public policy decisions. In developing countries, many restrictive abortion laws were instituted in previous, colonial phases of national histories. Some escape serious challenge in part because the population has become so accustomed to them over the centuries that hardly anyone thinks to challenge them. For this reason in Mexico, a simple public opinion survey proved to be a powerful tool for an organization that wished to instigate change-oriented debate. The results showed that - counter to some assertions and widespread assumption - an overwhelming majority of the respondents opposed the existing restrictions on abortion.

Worldwide, institutionalized religions are powerful forces in support of restrictive abortion laws. Of significance for potential change, however, the doctrines of the major religions generally speak of abortion with nuanced rather than categorical condemnation. Catholic theologians, for example, have always regarded abortion as a crime against the sanctity of life. From the founding of the church to the beginning of this century, however, most would impose lighter penance if the foetus was expelled before 'ensoulment' or 'formation', the stage of development when it assumes a relatively human appearance. Pope John Paul II asserted a more blanket opposition to abortion in his publication of the 1995 Encyclical 'Evangelium Vitae'. Nevertheless, groups such as Catholics for the Right to Decide, along with its sister organizations in many countries, continue to call attention to dissenting doctrinal interpretations by a number of Catholic theologians.

The traditional Catholic doctrine of 'ensoulment' has a counterpart in the Muslim concept of 'quickening'. For theologians belonging to some of the most numerous Islamic groups, abortion is acceptable before this event occurs at about the 40th day of pregnancy. This dispensation has permitted the establishment of menstrual regulation services in Bangladesh, expressly for the purpose of bringing down the previously very high rates of abortion-related morbidity and mortality in that country.

In the face of opposition by religious institutions and conservative social groups, politicians commonly determine that the investment of political capital needed to push for reform is often disproportionate to the anticipated return.

The history of efforts in the Brazilian legislature is illustrative. Several attempts over the course of three decades resulted in only slight gains. Significant progress finally occurred only when a legislator's impending retirement enabled him to push the cause hard by freeing him from worries about subsequent electoral reprisals. Clearly, such impasses in matters pertaining to women's health would not occur without political subordination of women.

Women's health advocates have recommended that where political obstacles prevent the abolition of abortion prohibitions, reformers work to lessen the associated penalties. Reducing the fear of being caught can be expected to entail, although in lesser measure, the same benefits full legitimacy would bring--that is, more providers, more open and accessible services, and freer dissemination of skills and experience. Where circumstances are favourable, *de facto* acceptance of abortion, as seen in Sri Lanka, may be a reasonable objective.

Menstrual regulation techniques have the potential to greatly increase the safety of pregnancy termination where abortion is legal and where it is not. The fact that menstrual regulation has other purposes besides abortion - in Guinea, for example, it is used to 'cleanse the womb' - and that it is often employed in the absence of a pregnancy determination, can render anti-abortion laws inapplicable. Cytotec (misoprostal) has a good (though not perfect) safety record. A great many other substances used in this way have not been evaluated scientifically.

An activity that has potential for large positive consequences for women's health is working with traditional abortion providers to identify and emphasize those methods in their repertoires that are safe and efficacious. As noted before, many women with economic and confidentiality concerns are likely to try a self-administered or home-based intervention before turning to a legitimate or illegitimate clinic. Researchers in Mexico and Ghana recently concluded that some pharmaceuticals and herbs used by women - either ingested or inserted into the uterus on a stick or as a pessary - probably do induce abortion, while others are useless. The potential for injury and illness apparently varies greatly from substance to substance. The same is undoubtedly true of folk abortifacients in many other places.

Abortion Policy and Fertility

In recent years, some governments have implemented abortion policies aimed at furthering national population objectives. Nicolae Ceausescu, Romania's dictator from 1965 to 1988, outlawed both modern contraception and abortion because he wanted to generate a massive labour force with which to industrialize the

country. Women in the reproductive ages were required, under penalty of law, to submit to annual gynaecological examinations. A woman who was found to be pregnant was scheduled for a series of mandatory checkups throughout the course of the pregnancy. Should she present to one of the checkups no longer pregnant, the health worker would demand to know why.

After Ceausescu's overthrow, a new Romanian government adopted a laissez-faire attitude toward fertility and legalized abortion in late 1989. A national household survey conducted in 1993 provided data with which to compare abortion and fertility rates under the two regimes. Women's responses indicated that - despite the risks of punishment and complications - their total abortion rate from mid-1987 to mid-1990 was 1.7 per lifetime. In other words, if women continued to have abortions throughout their reproductive lives at the same rate they were having them in those years, they would have ended up with a total of 1.7 abortions apiece. In the subsequent period, from mid-1990 to mid-1993, the total abortion rate doubled, to 3.4 per lifetime. At the same time, the total fertility rate (a measure of fertility analogous to the total abortion rate) dropped by a third, from 2.3 to 1.5 per lifetime - a level that, if sustained, will result in a shrinking population. The survey also showed very little change in the use of contraceptive techniques of proven efficacy, suggesting that the increased frequency of abortion must account for almost all of the sharp decline in births. These data confirm that Ceausescu's anti-contraceptive and anti-abortion measures served his aims of elevating births and suppressing abortions.

China and Viet Nam, in contrast, use abortion as a tool to support antinatalist policies. In these countries, a woman who has given birth to the allowable number of children (usually 1-2, but more in some social groups and geographic areas) is strongly motivated to use contraception thereafter, and to abort if contraception fails. Should she bear another child, the consequences may include fines, loss of privileges, and longer waits for desirable housing. In China, an 'excess' child can also bring penalties against the commune into which it is born. This sometimes drives a commune to ostracize a woman who resists terminating a pregnancy, or even physically force her to abort. In China in recent years, an estimated 10 million annual abortions, yielding an abortion ratio of 30.4 per 100 pregnancies, clearly helped hold the total fertility rate at 2.0.

The two-child policy is less consistently enforced in Viet Nam. This variation provides an opportunity to form a general impression of the impact of punishing women who have third children on abortion rates and fertility in a Southeast Asian context. A recent study compared two communes in Thai Binh province. The two were geographically adjacent and similar in most socio-economic characteristics that might have a bearing on fertility and abortion decisions. Both participated in the national programme to limit births to 2 in each family. However, only one wrote regulations stipulating stringent punitive measures against fami-

lies producing a third child. These included an obligatory payment of rice in an amount equal to some 3-4 months' production, a contribution of work or rice to the public utility fund, demotion on the waiting list for land or housing allotments, and other reductions in social benefits. This commune experienced an abortion ratio of 50%, compared to 25% for its neighbour, and a total fertility rate of 1.5 compared to 2.3. Bearing in mind that many collective and individual influences affect abortion, these findings strongly suggest that imposing penalties for higher-order children can sharply increase the abortion rate and reduce fertility.

Ceausescu's Romania, China, and Viet Nam are exceptional cases. Most countries do not link abortion policies specifically to population goals. Indeed, although policy makers in most less-developed countries would prefer to slow population growth, most restrict legal abortion except in specific circumstances, such as danger to the mother's life or health. Nevertheless, the practice appears to be common enough to lower fertility in many of these countries.

For example, abortions are illegal in Sri Lanka unless a woman's pregnancy endangers her life. The possible penalties for providing an abortion are serious, including imprisonment for up to 7 years. Yet a recent study estimated that between 125,000 and 175,000 procedures were performed yearly between 1990 and 1993. Moreover, the impact on fertility was dramatic. In 1990, demographers estimated that Sri Lankan women would need to increase their use of all kinds of contraceptives to 71%, and their use of proven modern contraceptives to 51%, in order to achieve a total fertility rate of 2.3 by the year 2001. Instead, Sri Lanka reached that level in 1993 - 8 years early - with only 66% of women using contraception, and only 44% using modern methods. Similarly, while abortion is highly restricted in Brazil, Colombia, and Mexico, studies have estimated that abortion lowered those countries' 1986-87 fertility rates 5% to 7%.

In summary, in terms of policy, the most important observation linking abortion and fertility is that programmes to reduce births risk increasing abortion rates, particularly if family planning services are not expanded to meet the added demand. A few countries have instituted policies that focus on abortion as a means to further national fertility objectives, both pro- and antinatalist. The condition for efficacy, however, seems to be willingness to enforce draconian measures.

Conclusions

Although research on abortion generally has been inadequate and, moreover, hindered by the effects of laws against abortion, some facts are clear. Women undergo tens of millions of abortions every year. The availability of modern

contraception is the largest determinant of abortion rates in most countries. Demand for abortion nevertheless persists even among populations with wide access to modern contraceptives, for several reasons. These include the lack of acceptable forms of modern contraception for every woman, contraceptive failure, and nonuse of contraception by uninformed women, in coercive sexual intercourse, and other circumstances. Legality is the most important single factor affecting the safety of abortion. Even where abortion is legal, however, inadequate abortion services coupled with women's relative lack of autonomy and deep-rooted social and religious disapproval of pregnancy termination continue to drive many women to unsafe practitioners and methods. Finally, abortion has a significant - and perhaps increasing - braking effect on world population growth.

No. 16

Gender Inequalities and Reproductive Health:
Changing Priorities in an Era of Social Transformation and Globalisation

Ruth Dixon-Mueller

Introduction

The policy monograph on the subject of **Gender Inequalities and Reproductive Health: Changing Priorities in an Era of Social Transformation and Globalisation** is based on a seminar organised by Maria Coleta de Oliveira, Anastasia Gage and Axel Mundigo, respectively members and co-chair of the IUSSP Committee on Reproductive Health and the Population Studies Centre (NEPO) at the University of Campinas (UNICAMP), held in Campos do Jordao, Brazil, from 16-19 November 1998.

The content is therefore strictly based on the papers and discussions of this seminar. For ease of reading no specific references to individual papers are given in the text. However the programme of the seminar and a listing of all the papers presented are given at the end of the monograph.

Thinking Globally, Acting Locally

The concept of reproductive health, once a coin of uncertain value, is now common currency even in demographic circles. Although greeted with uncertainty if not suspicion by many participants in the International Conference on Population and Development (ICPD) held in Cairo in 1994, it has come to represent an integrated, multi-faceted, and holistic approach to talking about and dealing with a broad range of health needs and concerns among women and men throughout the life cycle. The definition introduced at Cairo that begins this way has been oft repeated:

> 'Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes' (ICPD 7.2).

But if the concept is to be manageable, not to say measurable, it must be broken down into some elementary components such as those suggested in Box 1. Each

component is connected with the others in ways that are both difficult to untangle and highly contextual. The purpose of listing them separately here is to make an analytic distinction that highlights the need for specific programmes, research, and services addressing each area. Given the holistic nature of the reproductive health concept, however, it is understood that programmes and services are - or should be - linked in a synchronised and culturally responsive way.

BOX 1: WHAT IS REPRODUCTIVE HEALTH?

- *The capacity to determine the number and spacing of births through the use of safe, effective, and acceptable contraceptive methods;*
- *The capacity to terminate an unwanted pregnancy safely, legally and affordably;*
- *The capacity to conceive or to cause conception when a pregnancy is desired;*
- *The capacity to carry a wanted pregnancy to term and to deliver a healthy baby under safe conditions, including the postpartum period;*
- *The capacity to breastfeed and to ensure the health and wellbeing of the new-born;*
- *Freedom from physical damage to the reproductive tract caused by childbirth, abortion or harmful traditional practices such as genital cutting;*
- *Freedom from reproductive tract infections (RTIs), including cancers of the reproductive tract, sexually transmitted diseases (STDs) and HIV/AIDS;*
- *Freedom from unwanted sexual relations and harmful or unwanted sexual practices, including violence and coercion within sexual relationships;*
- *The capacity to enjoy and sustain sexual relations in a spirit of affection and partnership;*
- *A basic understanding of sexual and reproductive processes of both sexes and how they change throughout the life cycle, including physical and emotional aspects;*
- *Full access to appropriate and high quality reproductive health services.*

This report is not about reproductive health *per se*, however, but rather, about how the reproductive health of individuals and groups in diverse circumstances is affected by a variety of social, economic, cultural and political forces. At the heart of these are the many inequalities that characterise relationships between women and men. Gender inequality can have a powerful

influence on both women's and men's reproductive health. In turn, of course, reproductive processes and health problems can exacerbate gender inequalities in multiple ways.

Looking beyond the immediate relationships between gender inequality and reproductive health, one can ask more broadly how these relationships change under the impact of social transformation and globalisation. For example,

- At the level of individuals and households, what are the linkages between changing patterns of intrahousehold power relations and women's ability to identify and address their reproductive health needs?
- At the societal level, what is the impact on women's reproductive health needs and options of factors such as structural adjustment policies, changes in the nature of labour markets, and shifting family structures and relations, among other factors?
- At the policy level, what assumptions and ideologies shape the ways in which reproductive health and rights are defined and decisions regarding service delivery are made? How are these changing at the national and international levels?

In the final analysis, actions relating to gender and other inequalities and to reproductive health services are meaningful primarily as they take place at the local level - at the level of communities, neighbourhoods, families, households, and individuals. But local action requires global thinking, that is, an understanding of how larger social, economic and political forces come to bear on local conditions and how these larger forces can themselves be manipulated by policies and programmes such as those articulated at Cairo.

The title of this report - 'Gender Inequalities and Reproductive Health: Changing Priorities in an Era of Social Transformation and Globalisation' - suggests an analytic framework for considering these questions and many others that logically follow. What do we mean by the key words and phrases in the title? How do the concepts connect, one with the other, at different levels of analysis and in different societies? What are the priorities for research and action in these turbulent times?

Gender Inequalities...

Research on the nature, causes and consequences of gender inequalities is far too extensive to summarise here. At best, we can select certain dimensions of such inequalities and examine briefly how they might influence, or be influenced by, men's and women's reproductive health. But gender inequalities

interact with other bases of inequality as well. These include power and resource differences based on age, marital and family status; ethnicity, race and religion; and social class, place of residence and national identity, among others. The purpose of this seminar was to examine not only the impact of gender inequalities on reproductive health but the impact of other inequalities as well.

Gender differences can 'cause' differences in reproductive health in a number of ways. Some paths are clear and direct; others diffuse and indirect.

- **Biological differences**: In some respects, biology clearly is destiny. Only females are exposed to problems relating to menstruation, pregnancy, abortion, miscarriage, childbirth, and lactation. Most 'modern' contraceptive methods are designed for female bodies. Only women will experience breast or cervical cancer, pelvic inflammatory disease. Only men are at risk of prostate cancer, impotence as conventionally defined, problems related to vasectomies. Both sexes are at risk of transmitting and receiving STDs, including HIV/AIDS, although the probabilities and symptoms often differ. Both sexes can experience infertility. Clearly there is some overlap, but, by and large, girls and women are at risk of more varied and serious sexual and reproductive health problems than are boys and men.

- **Cultural/behavioural differences**: To the extent that females and males think and act differently as a consequence of their socialisation and of the gendered society in which they live, such differences will inevitably be played out in sexual and reproductive attitudes and behaviours. Indeed, in all societies, individuals are likely to experience intense social pressure to conform to accepted ideals of 'masculinity' and femininity'. Differences between males and females in the nature and timing of sexual experimentation, in age at first intercourse, in the number and characteristics of sexual partners, in age at marriage and in frequency of unprotected sex (among other behaviours) can result in sexual and reproductive health problems that are highly differentiated by gender. Sexual harassment and violence are also culturally constructed behaviours, as is risk-taking in general.

- **Resource differences**: Quite apart from those internalised ideologies of gender that everyone acquires, all societies are structured around hierarchical systems in which sex and age form the most fundamental organising features. Gender differences in access to and control over key material and social resources result not only in inequalities of health and wellbeing, particularly reproductive health, but also in inequalities in power, in knowledge, in the capacity to make independent decisions relating to sexual and reproductive decisions and to act on them in health seeking behaviour, and in the ability to pay for services. Thus, if biological predispositions form one basis for ine-

qualities in reproductive health and cultural/behavioural differences another, the distribution of resources within the household, family, and community forms an additional layer of differentiation reflecting inequalities of gender.

... and Reproductive Health

An analysis of the relationship between gender (and other) inequalities and reproductive health must look at factors that affect the distribution of reproductive health **problems** across individuals and groups; at factors affecting the distribution of reproductive health **services**; and at factors affecting people's **utilisation** of such services. Although interrelated, these are analytically distinct characteristics influencing sexual and reproductive health outcomes.

Inequalities in the Distribution of Reproductive Health Problems

Because reproductive health is a subcategory of overall health, inequalities in reproductive health are logically related to inequalities in general health such as nutritional status and exposure to infectious disease. **Class-based** inequalities in general health result from poor living conditions and lack of information and resources, of course, but they may also be due to cultural/behavioural differences that place the poor at greater risk. **Gender-based** inequalities in health status, given that some derive from biological differences and others from cultural/behavioural and resource differences, cut across and interact with class inequalities in complex ways. Thus, a general health problem such as iron-deficiency anaemia, which is typically more common among women, among the poor and in rural areas, can result in highly class-specific patterns of reproductive morbidity and mortality among women.

It should be possible to map the distribution of reproductive health problems across individuals and groups through the use of sensitive survey instruments, analysis of records and observational techniques. Certainly one would expect to find a general correlation between indicators of reproductive health, such as maternal or infant morbidity and mortality, and indicators of overall health status. The purpose of selecting sexual and reproductive health **in particular** for study is not to suggest that it is unrelated to other health problems, but rather, to focus attention on the particular needs of girls and women that might otherwise be invisible. Measures of health status such as death and disability adjusted life years (DALYs) that do not take account of gender differences in the physical and social-psychological burden of illness from sexuality, reproduction and gender-based violence are particularly likely to trivialise women's real problems and concerns.

Inequalities in the Distribution of Reproductive Health Services:

Just as for reproductive health itself, reproductive health services are a subcategory of general health services and as such are logically interconnected with the structures and functions of the overall health system. The exception is when certain services are offered primarily through a single-purpose and separately funded vertical programme that is not otherwise integrated with the health sector. Interestingly, family planning programmes have taken this form in many countries, along with other single-purpose campaigns such as the eradication of smallpox. For this reason among others, the promotion of a comprehensive reproductive health approach at ICPD in Cairo has challenged the very structure of family planning policies and programmes in some countries and not just their methods of operation.

To what extent are inequalities in reproductive health **problems** due to inequalities in the distribution of reproductive health **services**? Any attempt to map the distribution of services in a community or country would have to consider the following characteristics, among others:

- Inequalities in the distribution of primary, secondary, and tertiary-level facilities within the formal sector (public, private and NGO) for the diagnosis and treatment of general and reproductive health problems and the provision of services such as contraception, abortion, prenatal care, delivery, postnatal care, diagnosis and treatment of STDs and infertility, and counselling on male and female sexuality.

- Inequalities in the distribution across and within communities of organised outreach activities providing information and services relating to general health problems (e.g., nutrition, sanitation, vaccinations) and as well as to sexual and reproductive health.

- Inequalities in the distribution of non-formal providers of general and reproductive health information and services, such as midwives, herbalists, street vendors, traditional healers and spiritualists, among others.

The distribution, type, quality and price of general and reproductive health services in a country or region derive from a mix of public policies and resources (which are influenced by international donors), NGO activities and market forces. How responsive is the public sector to serving the health needs of the population? What priority is placed on health services compared with other investments and expenditures and, within health services, on some aspects (e.g., curative vs. preventive, maternal vs. child) compared with others? What is the role of NGOs and private enterprises in the reproductive health field? At what point have services been restructured to offer comprehensive reproductive health care? How is the community informed that these changes have taken place?

BOX 2: FROM CONTRACEPTIVE TARGETS TO REPRODUCTIVE HEALTH: CHANGING PRIORITIES AT THE NATIONAL, STATE AND LOCAL LEVELS

When a government adopts a radically new approach to service delivery in response to ICPD, people and programmes experience the impact at all levels, from the most centralised planning office to the most isolated health post. The challenges are enormous. In what ways must the health system be reorganised? What do service providers need to learn? What research is needed to make services more responsive to people's needs?

Leela Visaria addresses these questions and more in her analysis of the transformation in India of the national family planning programme from one based on contraceptive targets to one based on the integrated delivery of comprehensive reproductive health services.

Encouraged by Indian women's groups, participation in ICPD and the international donor community, among other sources, the Government of India decided to revamp its troubled family planning programme which had long been subject to charges of over-zealousness in the recruitment of acceptors and neglect of women's health needs. The new programme emphasises quality of care and women's overall reproductive health. Preliminary evidence from two states reveals some interesting findings:

- *The temptation of planners and providers to continue setting contraceptive targets and to assess their performance according to these targets is very hard to overcome;*
- *Although services such as prenatal visits and immunisations are relatively easy to deliver, others such as treatment of gynaecological problems (e.g., genital discharge) and the termination of pregnancy (which is legal in India) pose problems because of a shortage of gynaecologists (paramedics are not yet trained in these areas);*
- *It is not yet clear how to assess community needs for sexual and reproductive health services that go beyond addressing the unmet need for family planning, or how to involve village level groups in programme implementation and evaluation;*
- *Service providers are overwhelmed by the extra paperwork that has accompanied new record-keeping systems (much of it unnecessary);*
- *New concepts such as 'quality of care' and 'informed choice' need to be developed in ways that are understandable to planners and to workers at the grassroots level. Ultimately, they must form the basis for new indicators of service performance.*

Political ideologies are likely to have a major impact on the distribution of reproductive health services. Among these are:

- Socialist or 'welfare-state' ideologies favouring the public-sector provision of social services that fulfil basic human needs such as health, education, housing and social security. States promoting such ideologies, such as China, Tanzania during the phase of African socialism, Cuba, and Sri Lanka tend to allocate a relatively high proportion of the national budget to health care and to try to reduce class inequalities in distribution and access. NGOs concerned with alleviating poverty and improving human welfare at the grassroots (e.g., the Grameen Bank and BRAC in Bangladesh) also try to extend services to marginalised population subgroups, especially women.

- 'Free-market' ideologies favouring the private provision of services or a mix in which private services predominate over the public sector. Under some conditions privatisation may reduce inequalities in distribution or access, e.g. by locating providers in previously under-served areas or offering services that the government does not provide; under other conditions it may exacerbate inequalities, e.g. by charging high fees for services or by draining skilled personnel from the public sector.

- Religious or nationalist fundamentalist ideologies can affect laws and policies by imposing limits on the range of reproductive health services and on eligibility, as in Indonesia or the Islamic Republic of Iran. Restrictions on abortion such as those currently in place in most Latin American countries are one clear example. Others include restrictions on 'artificial' methods of contraception or on sterilisation that are thought to violate religious injunctions or to slow the rate of population growth to unacceptably low levels. Inequalities in access result from the denial of family planning services to the unmarried and from requirements that married women must obtain their husband's consent, among other restrictions.

- Feminist ideologies expressed by rights- and health-oriented women's organisations typically aim at promoting the sexual and reproductive health and empowerment of girls and women through policy and programmatic means. This is the most explicit agenda for overcoming gender-based inequalities in access to information and services, although resources are often limited. Feminist NGOs in many countries also offer information and services to girls and women that may be otherwise denied them, such as safe abortion or counselling on sexuality and safe sexual practices for adolescents.

- Ideologies and resources of international donors (multilateral agencies, bilateral donors and foundations) can play an important role in the health sector, particularly in resource-poor countries dependent on outside assistance. In particular, they can affect the distribution and types of services offered, de-

pending on the priorities of the funding agencies. Policies that favour the funding of vertical family planning programmes over integrated health services (or vice versa) are one example; others include funding for special campaigns such as Child Survival or Safe Motherhood. Currently, international agencies promoting the Cairo reproductive health agenda play a powerful role in shaping national health policies and programmes and in research.

Inequalities in the utilisation of services

One could, with sufficient data, map the distribution of reproductive health problems within a population as well as the distribution of reproductive health services. These maps would reveal many sources and types of inequalities. But there is a third factor to consider, that is, inequalities in the **utilisation** of services given a particular distribution of health problems and service providers. Here again, multiple sources of inequality can affect utilisation. Some inhere in the nature of the services, some in the population (that is, the potential clientele) and some in the interaction between the two.

Factors affecting utilisation that are inherent in the **system** include the location and hours of operation of health providers, the quality and appropriateness of services, availability of personnel and medicines, confidentiality, waiting times, price, information relating to the services being offered and restrictions on client eligibility, among other factors.

Among potential **users**, factors affecting utilisation include clients' awareness of service sources or individual providers, their decision-making capacity and physical mobility, their ability to pay for services and their confidence in the provider's knowledge and skills. Many considerations may intervene between the problem and the solution, such as the following:

- Clients' fears of formal clinic or hospital settings is a common factor inhibiting their use even in some settings where the need is great and the facilities are close by. Such fears may relate simply to the unfamiliarity of the formal setting, in which women choose to give birth at home even when clinic services are available. In other cases they may be fuelled by rumours and suspicions, or by extreme distaste for the methods used, such as the examination of women's 'private parts' by male personnel.

- Power relationships and patterns of discrimination by age, sex or family status within the household will have an impact on patterns of use, depending on who makes decisions about health care and who pays. Values placed on female seclusion can prevent women from utilising services outside the home unless she is accompanied by a male relative. At the most extreme, women will be forbidden to leave the home even in cases of extreme emergency such

as prolonged obstructed labour. The question of how women's decision-making power in the household translates into the ability to seek services outside the home is a crucial one for researchers and programme personnel.

- The tendency of women to place their own health needs below those of their children and of other family members can result in unequal utilisation of services due to strongly internalised social norms. Research in Yunnan province of China showed that women gave highest priority to the needs of children, second to the elderly and third to themselves. This pattern fits with a fundamental devaluation of women that permeated all aspects of their lives. In Jordan and Sri Lanka, where virtually all women have frequent prenatal check-ups, few return to clinics for postnatal care during the days of maximum likelihood of infection or other problems following childbirth. Both women and formal providers contribute to this relative neglect of the 'M' in 'MCH.'

- Perceptions of illness and its inevitability also influence the likelihood that a problem will be identified or acted upon. To the extent that 'female problems' such as difficult pregnancies and childbirth, excessive menstrual bleeding, genital discharge and pain during intercourse are identified as dirty and shameful or as a woman's inevitable lot in life rather than as treatable conditions, a culture of silence about such problems is likely to prevail.

Finally, factors inherent in the providers and in the population of potential users can interact to create a complex pattern of under-utilisation of health services in general or of particular types of services.

- Inequalities between providers and potential clients in language, religion, race or social status, especially when providers express disdain for their clients or when clients are made to feel ignorant, can create a chilling environment for service delivery. Examples abound in the seminar research papers and elsewhere of women who complain that they have been ignored, mocked or patronised by health care personnel who consider themselves superior in every way to the clients they are expected to serve.

- The best 'fit' between client and provider depends in large part on cultural definitions of causality and treatment. Even if a reproductive health problem such as female infertility or male impotence is recognised, it may not lead to the conclusion that 'modern' medical treatment is appropriate. Rather, potential clients may turn to more familiar treatments from spiritualists, herbalists or distributors of quack medicines to attempt to correct the perceived imbalances that are identified as having caused the condition.

BOX 3: WHO GOES TO THE HEALTH CLINIC? THE DYNAMICS OF HOUSEHOLD DECISION MAKING

Even where low-cost health facilities are distributed throughout the population, few people may take advantage of them. In Egypt, for example, although 99 percent of the population has access to government health facilities, utilisation rates do not exceed 20 percent. Maha El-Adawy attributes this discrepancy to the poor quality of services. But decision-making processes within households and kin groups may also prevent many women from recognising and acting on their own sexual and reproductive health needs.

Evidence from papers presented in the seminar reveals that in some countries, such as Jordan and Sri Lanka, virtually all women utilise basic maternal and child health services, including frequent prenatal visits and hospital-based delivery. At the other end of the continuum, there are countries such as Mali where almost no women have access to trained providers in pregnancy and childbirth because such services are virtually non-existent in rural areas.

At both ends of this continuum, statistical models using indicators of household decision-making as predictors of service utilisation may appear to be weak simply because there is so little variation in the dependent variables to explain. Where there is greater variation in service utilisation, however, as in the number of prenatal visits or in the conditions under which babies are born (at home alone or with a family member, traditional midwife or trained midwife; in the presence of a nurse or doctor in a clinic), as is the case in Indonesia, indicators of women's decision-making power in the household are likely to be more useful.

How is women's decision-making power measured? These papers include a number of indicators, some universal and others tailored to a specific cultural context. At the individual level, researchers use the woman's age, education, labour force status, age at marriage, personal income, ownership of assets and ability to make decisions about various household resources and investments, both individually and relative to her husband. At the household level, the size, structure and membership of the household may be important; whether it is extended or nuclear; monogamous or polygamous; together with its social status, household income and assets owned. Some authors look to culturally-based kinship/lineage relations, including whether the woman is married to a cousin, whether she lives with or near her own kin group, whether brideprice or dowry was paid, whether endogamous or exogenous rules of marriage are followed and whether the family into which she has married is of higher, lower or equal status to her natal family. In Mali, researchers investigated the extent to which women's familial and non-familial social networks mediated the effects of gender inequalities on the frequency of reproductive failures such as miscarriage, stillbirth and infant or early childhood death

BOX 4: COMMUNICATING ABOUT SEXUALLY TRANSMITTED DISEASES

How do women negotiate with their husbands or stable partners regarding protection from and treatment for sexually transmitted diseases? Do partners tell each other about their experience of genital symptoms? Are there any differences between the male and female partners in communicating on reproductive illnesses? Does inter-spousal communication have any influence on the preventive and curative behaviours of couples? Studies from India and Uganda show how gender inequality inhibits both discussion and treatment.

In interviews with over 800 women and their husbands in five villages of southern India, Santhya and Dasvarma discovered that:

- *51 percent of the women said they experienced at least one genital symptom in the previous three months (the most common being a 'white vaginal discharge') and one-third of the men reported some symptom such as discharge, itching or genital sores.*
- *One-third of the women experiencing symptoms said they informed their husbands (mostly in order to get treatment), but only one-fifth of the symptomatic men mentioned their condition to their wives.*
- *Nearly half of symptomatic women and two-thirds of symptomatic men sought some form of treatment. The majority of women sought allopathic (western) medicines (although many tried herbal remedies) while men were more likely to treat themselves with herbs or by eating 'cooling' foods to treat 'excessive body heat' to which they attributed their symptoms.*
- *Women who did not seek treatment reported reasons such as financial constraints, the need to inform their husbands if they were to go to a clinic and to ask their permission, acceptance of the condition as 'normal' and feelings of shame in presenting at the clinic.*
- *Only 6 percent of women and 11 percent of men perceived their genital symptoms as due to sexual activity. Thus, sexual abstinence or condoms were not considered as possible preventive measures. Although women sometimes used non-verbal means for avoiding sex when they didn't want it, they were reluctant to talk about it with their husbands for fear of abuse, abandonment or being considered a bad wife.*
- *In a study of 1,750 married women and their stable partners in two districts of Uganda reported by Wolff and Blanc, one of which (Masaka) represents an epicentre of the AIDS epidemic and of a campaign to encourage awareness and prevention,*
- *Virtually everyone interviewed in the high-AIDS district of Masaka knew someone who had died from AIDS, but only two-thirds of the men and one-third of the women believed that they themselves were at risk.*

- *Although virtually all male and female respondents in Masaka had heard of condoms, only half knew that condoms can prevent AIDS and only one in ten among the latter group had ever used a condom with their current partner.*
- *Although more than two-thirds of male and female respondents in Masaka agreed it was acceptable for an unmarried women to ask her partner to use a condom, only one-quarter thought is was acceptable for a married woman to do so. The symbolism of sexual looseness associated with condom use motivated many respondents to actively oppose the use of condoms within marriage.*
- *More than two-thirds of male and female respondents agreed that a married woman can refuse to have sex if her partner has HIV-AIDS. However, about one-third of the men and one-quarter of the women believe that a woman cannot refuse sexual relations with her husband even under these conditions.*

Changing Priorities...

The elements of the analytic framework outlined above raise a number of possibilities for research and action that are directly related to the goals of improving overall levels of reproductive health in the population and reducing inequalities based on gender, class and other bases of social differentiation.

The key word here, however, is 'changing.' Of course one could develop a set of priorities for policies and programmes relating to gender inequality on the one hand, and to reproductive health on the other. Indeed, such priorities have been set out in a number of publications by independent scholars, international agencies, international and regional conferences, private foundations, NGOs and research and policy institutes, including the IUSSP. Often, however, planners who are expected to act on these priorities find themselves perched on a slippery slope of political, economic and social uncertainty. National and local fortunes rise and decline. Health and other social sector budgets vanish. Policies are adopted, abandoned, implemented, ignored. Political factions form and reform. The idea of setting priorities is based on the assumption that an active civil society can effectively represent its own interests, that reasonable economic and political stability will prevail, that rational long-term planning is feasible, and that donors will maintain interest in their own initiatives after the initial enthusiasm subsides. The papers presented in this seminar suggest that this is not always the case.

Nevertheless, a number of programme- and policy-related research questions can be posed as tools for advancing gender equality and reproductive health. For example:

- At the national level, how can the elements of existing health and family planning programmes be disaggregated and reaggregated to form a recognisable reproductive health programme that serves women's needs for information and services, including especially the needs of adolescents? What kind of research is needed in order to assist governmental and private health care providers to deliver a realistic and sustainable sexual and reproductive health care package?.

- How can the needs of populations and population subgroups for sexual and reproductive health care be accurately assessed at the national and local levels? How do the self-perceived needs of particular subgroups, including women of different socio-economic classes and at different stages in the life cycle, correspond to the availability of services? What major gaps remain to be filled, such as the need for safe abortion services, for postnatal maternal care, or for programmes to reduce sexual violence?

- In what ways is the distribution of reproductive health services according to location, type, price, staffing, and overall quality influenced by gendered assumptions or ideologies at the national or local level about the health needs and priorities of the population being served? In what ways may these assumptions work to the disadvantage of girls and women, for example, the assumption that unmarried girls are not sexually active, that married women are not at risk of STDs or that post-menopausal women are not in need of services?

- How can the quality of reproductive health care in the public and private sector be assessed at the national level and under different local conditions and expectations? What indicators of quality are most useful and most understandable to programme managers and providers? How can record keeping be simplified and the ongoing evaluation of quality be incorporated into administrative decisions?

- How do the staffing patterns of hospitals, clinics, or health posts affect the likelihood that girls and women will seek information about and treatment for particular sexual or reproductive health problems, especially sensitive ones? What difference does it make in particular contexts if providers are male or female, medical doctors or paramedics, or of similar or different social backgrounds to the clients they serve?

- What training is needed for sexual and reproductive health care providers in the formal sector and in outreach programmes that will improve their effectiveness as health workers as well as raising their consciousness about patterns of gender discrimination in their own programmes and in the communities, families and individuals they serve?

BOX 5: WHERE DOES REPRODUCTIVE HEALTH FIT IN HEALTH SECTOR REFORM?

As the winds of newly defined policies of international agencies and donors blow through the corridors of national health ministries, administrators are expected to transform the structures and priorities of current systems to adapt to new expectations or conditions of funding. Initiatives follow initiatives. Primary Health Care; Maternal and Child Health; Family Planning; Child Survival; Safe Motherhood; Health Sector Reform; Reproductive Health. Some initiatives demand greater integration; others, such as Oral Rehydration Therapy, are distinct vertical programmes commanding separate funding. With each new initiative, planners struggle to redefine their mission.

In response to the priorities of the World Bank, USAID and the European Union, among other donors, Egypt (along with many other countries) has undertaken a Health Sector Reform Programme that required considerable reorganisation of the health system. The challenge posed to planners by donors such as USAID, UNFPA and the international NGOs in promoting a Reproductive Health Agenda is where does this new initiative fit?

Maha El-Adawy analyses some of the organisational difficulties of the Egyptian health sector in the face of this new initiative. The Ministry of Health and Population is divided into three main sectors: preventive and primary health care, curative care and population (which has targets for contraceptive acceptance, reduction of unmet need for family planning and lower fertility rates). According to El -Adawy, 'This organisational layout scatters the reproductive health activities among all three departments resulting in poor coordination of the reproductive health package'. Moreover, a major policy issue that must be resolved is the 'complete dissociation' between the Reproductive Health agenda and the Health Sector Reform agenda in the Ministry of Health and Population.

The shift from family planning to reproductive health in Egypt will require major organisational changes, retraining and a redistribution of funding and other resources across programmes. Reproductive health services will have to be integrated into the basic benefit package (BBP) of primary health care services undertaken by the Health Sector Reform. How is this to be accomplished and funded? At what cost to the goals of the family planning programme? What happens when donor interest slackens? With reproductive health priorities being set primarily by donor agencies in collaboration with the Ministry, how can the interests of Egyptian women - the major stakeholders in the process of agenda-setting - be incorporated into the planning process? What steps will need to be taken to overcome broad-based cultural barriers to the utilisation of reproductive health services?

- What methods can be developed for learning about and incorporating women's own priorities into programme planning, implementation and evaluation at the local and national levels? How can the interests of women of particular social groups best be represented and protected?

- What policies are in place, or need to be put in place, at the national and local levels to reduce gender inequalities, in particular those that result in the denial of women's sexual and reproductive rights? What research is needed to identify the ways in which particular manifestations of gender inequality such as sexual abuse and violence impede girls' and women's exercise of their rights, including their access to services?

- How can gender-based behavioural/cultural patterns that place girls and women at greater risk of sexual and reproductive health problems such as unwanted sexual relations, unwanted pregnancies, or STDs be modified through initiatives such sexuality education or other IEC (information, education, communication) campaigns? In particular, how could such initiatives help girls and women understand that many of the conditions they experience are not natural or shameful but are treatable health problems?

- How do gender differences in the acquisition of resources such as knowledge, power, prestige and money influence women's capacity to negotiate their own sexual and reproductive health? How could programmes aimed at the empowerment of girls and women through schooling, vocational training, credit schemes and the expansion of employment and political opportunities (among other means) help to create a sense of entitlement to sexual and reproductive health and to high quality services?

- What legal changes are needed to provide support for the exercise of women's sexual and reproductive rights, such as the decriminalisation of abortion, the abolition of harmful practices such as female genital cutting, or the revision of laws relating to sexual harassment, rape and domestic violence?

- In all of these areas, what are the key elements of social transformation and globalisation that are affecting gender inequalities and reproductive health (considered as health problems, health services, and service utilisation), and in what ways?

in an Era of Social Transformation...

The macro processes of social transformation and globalisation could of course be conceptualised in many ways. For the purposes of this report we select certain elements that have been addressed in the seminar research papers or would logically be expected to have a major impact on gender (and

other) inequalities, on reproductive health, and on the connections between them.

With regard to the forces of social transformation, for example, a number of key processes could be identified, such as:

- **Processes of secularisation** involving a shift in personal world view from one in which the individual is viewed as subjected to larger forces, such as religious doctrines or fate, to one in which the individual is viewed as an autonomous being. Belief in the ideas of personal freedom of choice and the exercise of individual rights are reflected in new patterns of family formation, attitudes toward fertility regulation, and greater tolerance of diversity. Transitions such as these can affect all dimensions of gender inequality and sexual and reproductive health, including attitudes regarding the conditions under which abortions should be legalised (as in Argentina) and the provision of other services.

- **Changing relationships between the generations**, particularly the emergence of sexually active youth cultures and the relative empowerment (or at least rebellion and defiance) of young people of both sexes with respect to their elders and to traditional authority in general. With extended periods of education and delayed marriage, middle-class urban adolescents and young unmarried adults become increasingly independent of parental control and, as in Utomo's analysis of the Indonesian situation, create new demands on sexual and reproductive health services.

- **Population movements** relating to urbanisation, internal and international migration (both temporary and permanent), and refugee status. Of particular concern here are the movements of populations across international borders to situations in which they may be significantly disadvantaged in access to information and services due to their nationality or refugee status, to their economic condition, and/or to their possible minority ethnic, religious or linguistic status. As shown in the Botswana study, migration is likely to affect the nature and degree of gender inequality (depending on the type and duration of the move); create new reproductive health problems (intensified concern with infertility, for example, and the spread of STDs including HIV/AIDS); and affect access to services.

- **Changing structures of opportunity** in the formal and informal labour markets, in schooling, in marriage markets and in political structures and processes, as they affect particular age/sex and socio-economic groups. In some countries girls and women are making significant gains in education, thus reducing gender inequalities in access to schooling, while in others old patterns of discrimination continue or even worsen under the impact of economic crises or of fundamentalist regimes. Transformations in the demand for labour in

local, national and international markets incorporate some subgroups into the labour process and expel others. The distribution of resources across and within groups is fundamentally affected, which in turn can affect the distribution of reproductive health problems and access to services.

BOX 6: EMERGING YOUTH CULTURES AND THE CHANGING NEED FOR SERVICES

In Indonesia, as in many countries, young people between the ages of 15 and 25 are experiencing a rapid and bewildering change of values, attitudes and behaviour toward their parents, their peers and the opposite sex. In the context of rising age at marriage and increasing educational attainment, the lifestyles of middle-class urban youth are becoming more Westernised. Popular media promote consumerism and individual freedom. Premarital sex, pregnancy, abortion and STDs are on the rise.

Iwu Utomo reports that the ideology of the Indonesian state - which is expressed as an 'idealised morality' that emphasises conservative religious family values - stands in the way of official acknowledgement of these changes. By law, the national family planning programme is intended for married couples only. Some clinics affiliated with the International Planned Parenthood Federation also deny contraceptive and menstrual regulation services to unmarried women. As a consequence, young people in need of contraception, abortion or treatment for STDs turn to private sources if they can afford it, to informal providers, or to no one at all.

Utomo concludes that reproductive health policies and programmes related to young people should receive top priority in national planning. The government needs to take a more pragmatic view of the serious nature of unplanned pregnancies, unsafe abortion and the risk of HIV/AIDS and other STDs among young women and men. Programmes should include high-quality sexuality education in the schools as well as access to sexual and reproductive health counselling and services for in-school and out-of-school adolescents and unmarried adults.

- **Social/political movements** attempting to transform national ideologies and policies, such as religious fundamentalist movements, ethnic or nationalist movements, the women's movement and movements for the expansion and protection of universal human rights. To the extent that such movements incorporate an agenda relating to the role of women in the family and in society - as all of them do - and to the extent that they manage to influence public

policy or private behaviour, the results will be played out in the areas of gender inequality, sexual and reproductive health and access to services.

... and Globalisation

It will become immediately apparent from the previous list of (selected) social transformations at the community and national levels that the processes identified are all connected with globalisation. The notion of a world economic system in which the furthest geographical reaches are subject to capitalist penetration and Western individualism is of course not new, but the technological speed and ideological weight of the current global economic and political movements do suggest that an irreversible sea change is underway. Inevitably, the process has caused a backlash - sometimes a violent one - in those countries that are suffering the most from its economic and social consequences. Nationalist and religious fundamentalist movements are one response. As Carlos Lista points out in his study of ideology and the abortion controversy in Argentina, the re-emergence of religion in the world-wide political arena is associated with resistance to the overwhelming 'globalising impact of secular capitalism' that threatens traditional values, the authority of elites and national boundaries.

Again, the best we can do here is to select particular elements of the process for scrutiny as they affect both gender (and other) inequalities and reproductive health. If we include those aspects of globalisation that are related to the policy work of United Nations international conferences such as ICPD at Cairo and the Fourth World Conference on Women in Beijing; to international agencies such as the International Monetary Fund (IMF), the World Health Organisation (WHO) and the United Nations Fund for Population Activities (UNFPA); and to bilateral donors and private foundations, then the list becomes quite an interesting one with many conflicting elements. Consider the consequences of the following:

- The globalisation of capitalist **markets** involving the free flow across national boundaries of capital, labour, goods and services.
- The globalisation of **communication**, including the spread and homogenisation of information and entertainment through the multinational capitalist mass media.
- The globalisation of **economic and political policies** under the guise of neo-liberal reforms that include structural adjustment policies, privatisation and 'democratisation,' as imposed by international lending institutions.
- The globalisation of **population, health, gender, human rights, and family planning policies** as promoted by international agencies, by the agreements reached in international conferences and by various donor agencies.

BOX 7: REPRODUCTIVE HEALTH SERVICES AND GLOBAL ECONOMIC CRISIS: THE IMPACT OF STRUCTURAL ADJUSTMENT POLICIES

For many countries, especially those of sub-Saharan Africa, the ICPD initiative on reproductive health could not have hit at a worse time. Structural adjustment policies (SAPs) imposed by the IMF and other lending institutions in the 1980s required that governments adopt severe economic austerity measures. For many, these came at a time of economic crisis resulting from falling world prices for basic export commodities such as coffee and cacao and from currency devaluations. The health sector in many countries experienced shortages of medicines, declining quality of services, and rising costs; clients were now expected to pay fees for services they had previously received free.

In Côte d'Ivoire, Cameroon, Nigeria and Tanzania, as in many other countries, the rising costs and declining quality of health services occurred amidst widespread impoverishment, political conflict, drought and famine, population displacement, an HIV/AIDS crisis of epidemic proportions (often combined with other STDs), continued high birth rates and low levels of contraceptive use and high levels of maternal and infant mortality. If basic maternal and child health services and family planning could not reach the large majority of the population, how were governments to meet the expectations of ICPD?

Planners have struggled to design the new policies, but some observers believe that they are likely to have as little impact on health as the old ones. 'Beaucoup de recommandations, peu de réalisations,' writes Joseph-Pierre Timnou of the not untypical situation in Cameroon. Indeed, the prospect of making significant improvements in the social sector in general appears dim. In addition, as Agnes Adjamagbo notes in her study of the Côte d'Ivoire, prevailing gender inequalities in access to and control over key resources - already a factor in inhibiting women's access to services - have intensified in some areas due to worsening economic conditions.

Have SAPs affected people's utilisation of health services? Evidence from these papers suggests that in the face of higher costs and declining quality of public health services, clients are turning back to traditional means of diagnosis and treatment, including spiritual healers, chemists and drug peddlers and home cures. Without longitudinal data, however, and without knowing what would happen in the absence of SAPs, it is difficult to draw strict conclusions as to causality. Nor is it easy to draw out the implications for particular dimensions of sexual and reproductive health. Nevertheless, one policy conclusion is clear. As I. O. Orubuloye says of Nigeria, what is needed to prevent further emiseration is 'adjustment with a human face'.

It is not possible to spell out all of the lines of possible causality that this list implies. The impact of globalisation is felt in both developed and developing countries, among the rich and the poor. Fault lines of traditional class divisions shift as resources are redistributed across and within nations. Access to information and technology is a key to the new global economy. Capital becomes increasingly disassociated from conventional investments; as a free-floating element, it transcends borders with the tap of a computer key in quantities impossible to imagine. At the same time, as costs rise and public resources fall, governments struggle to maintain at least minimal levels of expenditure in the health sector and in other areas that serve the public good.

For many countries, then, the global economic crisis in combination with the requirements of structural adjustment policies and the impoverishment of growing segments of their population places an insurmountable barrier between their aspirations and what they are capable of achieving. As the demand for services rises, resources fall and economic inequalities intensify. The analysis of gender inequalities and reproductive health must be placed in this context. What is feasible? What is achievable? What policies, what programmes can be put in place? What research can guide us? Where does the greatest good inhere: in raising overall levels of reproductive health or in reducing inequalities? What ethical standards shape the decisions that are made? What interventions are most needed to minimise the effects of social inequalities on health outcomes?

SEMINAR ON GENDER INEQUALITIES AND REPRODUCTIVE HEALTH: CHANGING PRIORITIES IN AN ERA OF SOCIAL TRANSFORMATION AND GLOBALISATION

List of papers presented at the seminar on 'Gender Inequalities and Reproductive Health: Changing Priorities in an Era of Social Transformation and Globalisation' organised by the IUSSP Committee on Reproductive Health and the Population Studies Centre (NEPO)at the University of Campinas (UNICAMP), held in Campos do Jordão, Brazil, from 16-19 November 1998.

Session 1 *Reproductive Health: Global and Country Perspectives*
'Brief considerations on population issues during this century' by Elza Berquó
'From contraceptive targets to reproductive health services: evolution of india's policies and programmes' by Leela Visaria
'Family planning and state ideology': the case of Islamic Republic of Iran by Amir H. Mehryar and Nazy Roudi
'Reproductive health: does it have a place in a health sector reform agenda?' by Maha El-Adawy

Session 2 *Reproductive Health: Household Dynamics and Gender*
'Individuals, households and kin groups as determinants of access to reproductive health services: the case of Jordan' by Jon Pedersen
'Women's Social networks and reproductive health outcomes in Mali' by Alayne M. Adams, Sangeetha Madhavan and Dominique Simon
'Spousal communication on reproductive illness: a case study of rural women in Southern India' by K.G. and G.L. Dasvarma
'Bargaining power within couples and reproductive health care use in Indonesia' by Kathleen Beegle, Elizabeth Frankenberg and Thomas Duncan
'The role of gender balance in decision-making on condom use in high and low risk settings in Uganda' by Brent Wolff and Ann K. Blanc

Session 3 *Reproductive Health and Gender: Demographic Implications*
'Gender inequalities and perception of health in northern botswana: some implications for the study of fertility in Southern Africa' by Rebecca Upton
'Impact of credit-plus paradigm of development on gender inequality, women's empowerment and reproductive behaviour in rural Bangladesh' by Firoz Kamal
'Biomedical facts and social constructs: the relative attention paid to pregnancy and postpartum period in Sri Lanka' by Indralal W. De Silva

Session 4 *Gender Ideologies and Reproductive Health Services*
'Uneasy to take health for women' by Jie Zhao
'Reproductive health services: a case study of Indonesian Youth' by Iwu Utomo
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No. 17
Men, Family Formation and Reproduction

Silvia Necchi

Introduction

The policy monograph on the subject of **Men, Family Formation and Reproduction** is based on a seminar organized by the Committee on Gender and Population of the International Union for the Scientific Study of Population and the Centro de Estudios de Poblacion (CENEP), held in Buenos Aires, Argentina, from 13-15 May 1998.

Changes in the Visualisation of Men

According to the Program of Action of the Cairo Conference on Population and Development, sexual and reproductive health can be improved by promoting women's rights and men's involvement in reproductive matters. To encourage changes in men would be a critical issue, since they exert power positions in many areas of life: from personal decisions related to family size, to political and programme decisions at the governmental level.

The Program also states that in order to achieve harmonious relationships between men and women, their knowledge, attitudes and behaviour should change. Until recently, the roles of men have not had a strong presence in reproductive health policies and programmes. Today, however, their participation is considered essential to reach an equal distribution of rights and duties between men and women, in connection with human and social reproduction and family formation.

Every day it seems clearer that the role of men in reproductive health begins with sexual issues but also includes contraception, pregnancy, delivery or abortion, and child rearing. It is also obvious that men's behaviour changes throughout the different stages of life, adjusting to different circumstances and varying in accordance with cultural, social and economic environments. Advances in knowledge as well as recent courses of action followed by several international agencies illustrate the increasing interest raised by this matter.

Feminist demands (aimed at reaching more egalitarian conditions that would allow for the independence of women), have also led to the reconsideration of both men's and women's role in reproductive functions. The new gender-

based perspective has questioned that women have an innate instinct that makes them wish to have children whatever their personal projects. Likewise, feminism has questioned that fatherhood is merely synonymous to men being the economic suppliers and to becoming emotionally distant from their children. Feminism has also led to the encouragement of men to assume their reproductive responsibilities. Despite this change in perspective, little is yet known about men's reactions when faced with these major issues put forth by the feminist way of thinking. Men may either acknowledge the significance of these changes, keep cautious in view of the implications they may exert upon their social role, or reject them considering they are exaggerated complaints from groups of activists.

Special efforts should be made to emphasise men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning, prenatal, maternal and child health, prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies, shared control and contribution to family income, children's education, health and nutrition and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in education of children from earliest ages. Social emphasis should be placed on the prevention of violence against women and children (United Nations, Program of Action, 1995:197, paragraph 4,27).

After reviewing experience gathered in Mexico through the observation of groups of men formed to explore different aspects of masculinity and generic relationships, it was concluded that men who are able to ponder these issues make slow progress, and their reluctance decreases at a very slow pace. Men sometimes experience these transformations as a loss of privileges and prerogatives.

In keeping with feminist advances, reproductive rights defined in terms of international agreements mean the right of women to self-determination in connection with sexual and reproductive decisions. Even when some of the components, - such as the freedom to choose the number children to bear and the spacing between each child, together with the possibility of accessing information about family planning and health care services - would seem applicable to both men and women, the notion of men's rights in the reproductive environment is still emerging.

Social coexistence governed by a code that recognises human rights involves assuming responsibilities with respect to everyone else's development. In the sphere of human reproduction, men and women show a differential practice of their responsibilities. One of the current problems to be solved in the field of sexual and reproductive rights is the need to establish definitions that include men's rights without ignoring women's rights to fairness and self-determination. This implies the consideration of this problem as an interactive negotiation between men and women.

For many years, demography has focused its efforts on describing and comparing the fertility of populations and on assessing the distance to be covered in order to reach certain family planning goals. The reference population has always been women; at most, men have been included as one of the contextual factors accounting for women's fertility. Consequently, the role of women in biological reproduction and child rearing has been emphasised, and men have been included in the scenario as mere economic supporters.

More recently, population studies have dealt with new issues connected with reproduction. Reproductive decisions have begun to be interpreted as the result of power-based relationships within the human couple and within the social and cultural environment in which they live. The excessive emphasis on women's responsibility in contraception, pregnancy and child rearing, that neglected information about men, is now changing. It is assumed that ascribing the reproductive responsibility to women alone results not only from a biological reality, but also from the social interpretation of such reality. Therefore, fertility descriptions based only on biological premises that associate child rearing solely with women are being abandoned for ideas which describe the joint nature of conception, integrating men and their context into demographic studies.

The theory of demographic transition was applied for decades to 'account for' changes in fertility patterns. Critics of this theory have pointed out its over-simplification in explaining changes, and have dubbed as rather coarse and normative its efforts to unify fertility and mortality data from the whole world. As a response to such criticism, more specific studies have been undertaken, accounting for the variety of reproductive roles found both in men and women within different cultural environments.

The inclusion of models and methodological tools from other disciplines such as economics, anthropology and sociology has also contributed to re-orienting concerns towards men and their relationship with women. Progress has been made towards understanding biological and social components in childbearing and child rearing, and towards understanding conflicts and bargaining within couples in fertility issues. Attempts have also been made toward understanding

the broader context of fertility decision-making, leading to the inclusion of men as well as the extensive family or social groups that may be influential in reproductive decisions.

Methodological reasons have usually been claimed to account for the exclusion of men in studies on reproductive behaviour. It has been argued that men's reproductive period is not as clearly defined as that of women; that it is easier to interview women who stay at home; and that children who cannot live with both parents are likely to live with their mothers. Although there still is some economically or organisationally based reluctance leading to the exclusion of men as the informers on reproductive issues, this trend tends to revert. In recent years for example, the Demographic and Health Surveys have included men as informers on reproduction, and there is an increasing interest in comparing the results of their answers with those of women.

In a comparative study of DHS carried out in 13 African and 2 Asian countries from 1987 to 1993, a high response rate from men may be observed (about 80%). In many countries men declared being aware of more contraceptive methods than their wives; the difference between men and women in the way they intended to use contraceptives is not as high as expected; and both groups wish a similar number of children (with the sole exception of West African countries).

Finally, the requirements to re-conceptualise the role of men in the reproductive processes are the following:

- To expand the horizon to include the theoretical, conceptual, analytical and methodological contributions from various disciplines, bearing in mind gender-based perspectives, which include changes in the role patterns ascribed to men and women within different social and community environments, as well as in family arrangements.

- To produce greater systematic evidence from men's perspectives on any issue involving their sexual and reproductive health, such as sexuality, the reproductive process, the use of contraceptives and healthcare systems, relationships within the couple, family formation, reasons to have children, and ways of practising fatherhood, among others.

- To define sexual and reproductive rights for men, equivalent to those of women and linked with women's rights to equality and self-determination, so that both may complement rather than oppose each other.

Men, Masculinity

Sex and gender are different matters. Sex is biologically determined in conception and is expressed through physical traits, whilst gender refers to social expectations as to the behaviour of each sex. Attributes that are assigned to femininity and masculinity depend on specific social and cultural backgrounds.

On account of variations throughout social and cultural contexts, it is difficult to determine the universal attributes that define masculinity, but the control and practice of power may be considered a relevant component of the attributes of the masculine gender. The dominant position of men in many societies is based on ideologies that legitimate their actions. Such power is also expressed in sexual rules and practices, and operates through multiple social institutions, such as law, religion and marriage.

In many societies, the perceived superiority of men is rooted in the symbolic dominance of religion. Although most religions try to convey a sexually neutral idea of God, in fact the representations of God and the main prophets are usually masculine: Moses, Christ, Mohammed and Buddha are all men.

The roles of men in the family are closely linked to the attributes of masculinity. A look back into the past could be useful to understand this. At the beginning of the century, a British observer of South American culture depicted in his work the existing patriarchal system and the variety of sexual arrangements. Among social sectors of Buenos Aires, Rio de Janeiro and Sao Paulo considered educated and mentally progressive by the author, he highlighted the persistence of patterns of behaviour established by the Moors in the Iberian Peninsula: a passive, semi-oriental attitude in women and the prevalence of irregular polygamy among men. Women remained in their mother's home and later moved to their husband's, whilst conditions for men were more flexible, and they were allowed to keep a lover without losing public respect. Prevailing social rules directed men towards establishing their own family, but their masculine ties and friends spurred them toward sexual intercourse outside marriage. Many Latin American societies have retained such conventions up to now, whilst in others changes are only recent. In Middle-Eastern countries, where these rules are deeply rooted in religion, changes are estimated to take place at a slower pace.

As previously mentioned, culture and habit determine gender-based roles both in men and women, generally assigning men patriarchal attributes of dominance and power over women. Many cultures socialise their male children to be aggressive and competitive and train their female children in non-violence and, frequently, in the passive acceptance of masculine violence. Young men

are impelled to adhere to codes of bravery and fierceness that force them to compete and fight, to hide their emotions and to be self-sufficient. In many cultures, manliness requires achievements, and the acknowledgement of the social group.

Many theoreticians of children's development in the West assert that gender-based identity is rooted in early experiences. In the male child, it involves establishing some distance between his mother and himself through his identification with a masculine figure that allows the child to ascertain he is not feminine.

In adolescence, when identity is solidified and tested, alternative masculine models might be sought. In a recent study carried out simultaneously with adolescents from two great cities, Chicago and Rio de Janeiro, who were related to service agencies or special programmes and belonging to low-income or marginal areas (on account of ethnical characteristics in Chicago, and poverty in Rio), exaggerated masculinity models were observed, which included violence, acceptance of risk and tough attitudes towards women. These youngsters share poverty or stressful family situations; biological parents are often substituted by other relatives, and they are all in contact with violence and gang operations.

Thus, Chicago low-income adolescents report a prevailing idea of masculinity which is violent, tough, and associated with gangs. In the 'favelas' of Rio, they reveal that the notion of masculinity among adolescents of the same age reproduces the hegemonic masculine condition prevailing in their context: man is a sexual aggressor scarcely involved in reproductive matters, and is violent toward women under certain circumstances. In both cities, youngsters under study declared that the requirements to be considered a man are becoming sexually active and financially supporting oneself and one's family. Some adolescents from Chicago also expressed it was necessary to get away from their mothers: '[to be a man] you gotta go away, see how the environment is and get away from our mother...try to be a man by yourself' (Puerto Rican youth, 17).

For both groups, becoming a man is a public act that requires acting in a way that is clearly not seen as feminine and being defined as a man by his group of peers. So the younger ones are pressed to become sexually active and pick up women, and the older ones to get a job and keep it. Pressure to be employed is higher in Rio and among Hispanic boys in Chicago: they often tell about their unemployed fathers leaving their families and indulging in alcoholism.

The group of peers, to which boys are more susceptible than girls, is often a substitute of the parental figure. They can be tough, hypermasculine groups in which feminine characteristics, friendship with girls and child rearing are criticised. Sexual conquests are prioritised and men that stay away from the established pattern can be dubbed homosexuals. The group is a space characterised by mistrust, competence and criticism, and belonging involves depriv-

ing oneself from speaking with sensitivity and reinforcing one's own tough and sexist aspects. For these young men, the relationships between men and women are characterised by stress and conflict, the exchange of goods and services, and crossed demands for attention and money instead of love, seduction and negotiation. The study suggests the possibility of overcoming such determinations by finding alternative groups of peers where these adolescents may talk about their personal problems, find someone that allows them to identify with a different form of being a man and strengthening a forward-looking vision of masculinity.

Attributes related to power and to the systematic ignorance of feelings which are applied to masculinity, can also be found in middle class sectors. A recent study carried out in Buenos Aires City among young middle class men reflects the social representations of masculinity within this context. These young men are able to differentiate between the concept of male and that of man, applying different attributes to each of them. The term "male" is associated with an extreme version of man (*macho*) who imposes his rules, exerts the power, and may even be arbitrary. On the other hand, the term "man" is associated with more civilised aspects such as maturity, politeness, and creative principles associated with fatherhood or being married. It is also associated with metaphors highlighting manly traits in individuals, such as "to wear the trousers" or "to be a man hairy in the chest", that are traditionally applied to men. According to this viewpoint, a man would be a male tempered by rules of courtesy, and with a more thoughtful attitude to the world. Neither the term male, nor the term man was associated with feelings, and no affection or rejection was involved.

In Middle Eastern countries, with a long tradition of patriarchal institutions, only a few studies on men allow confrontation of the existing stereotypes of masculinity. A study carried out in Egypt in 1997 which explores different aspects of socialisation among male adolescents, provides some data conjectures as to the orientation of changes induced by the expansion of and the economic and cultural transformations caused by globalisation. These youngsters are scarcely informed about sexual and reproductive health: they face puberty immersed in a culture of silence; they don't talk with their parents or friends, and do not receive any information at school; plus they have only a very elementary level of information about sexually transmitted diseases, condoms, and contraception. During their daily activities, they enjoy more spare time and freedom than their female peers. They will face marriage with some contradictory ideas about gender-based equality: they agree that women may have the same educational level as men, but they will not accept that their wives have the same educational level they have. 25% of them expect to have a 'loving and understanding wife', but very few were willing to share with her the household chores. Also, contradictions were noticed in relation to what boys and girls wish as an ideal spouse, that would lead to reinforce segregation into generic roles within marriage. However, increasing changes in the

real-world economy requiring a double income to support the family may reverse this trend.

Masculinity is often perceived as a source of power, therefore paving the way for violence against women. Men enjoy greater sexual prerogatives that sometimes allow them to exert sexual duress and violence. International agencies and non-governmental organisations devoted to human, sexual and reproductive rights have acknowledged the prevention of violence against women as a major concern. According to a report published by the World Bank, rape and domestic violence account for 5 percent of healthy lifetime lost by women in their reproductive age in developing countries. Low-income young men from Chicago describe violence against women as part of a wider context in which both sexes are violent: they claim that women often give rise to violent attitudes, either by not respecting a male's temper or by slapping them. From what they observe in their environment, adolescents in Rio's 'favela' conclude that sexual aggression is an attribute defining manliness, and that domestic violence is admitted when men are able to fulfil their economic duties, but women are unable to do their domestic chores. Referring to themselves, however, these young men consider violence against women is unacceptable and a trait of cowards, even though they acknowledged having been violent sometimes.

Research on these issues has started only recently, and is more focused on violence rather than on its specific consequences, such as unwanted pregnancy and abortion. Some studies have attempted to offer representative estimates. Thus, the demographic survey carried out in Egypt in 1995 showed that one out of every four married women had been beaten by their husbands at least once, and some of them reported they had been beaten during pregnancy.

Male Sexuality

The AIDS pandemic has focused social research on sexual behaviour. Lately, a large number of studies have examined men's sexual behaviour. especially in countries where HIV/AIDS had a great impact on the population.

Usually, men enjoy more prerogatives than women to start and negotiate sexual relationships, and multiple partners are more frequent among men than among women. Undeniably, men may be considered more active in terms of sexual activities, if we are to consider premarital experiences, multiple partners and the use of commercial sex.

In Thailand, a country where AIDS has had a very rapid expansion, the double standard with respect to men's and women's sexual behaviour - so generalised in many cultures - is very prevalent. Whilst women are expected to have sexual relationships solely with their husbands, both married and unmarried men enjoy the freedom to have sexual intercourse with other women, and the supply of commercial sex is very high indeed. In a recent study carried out in Chiang Mai, a region with a high incidence of AIDS, almost no women were reported as having extramarital sexual intercourse, whilst the vast majority of men reported having sexual intercourse with prostitutes and non-prostitutes, before and after marriage. These men are usually driven to sexual initiation by friends and drink, when they are aged 18 to 20, and initiation occurs before marriage and with experienced women, especially prostitutes. Regular sexual intercourse with prostitutes and non-prostitutes is frequent. With AIDS expansion, contact with prostitutes is being slowly substituted by temporary partners; however, the use of condoms is not yet widespread.

Another recent research carried out in rural Gujarat, India, shows that men and women agree that sex is wanted and enjoyed by both parties involved, but they believe that the sex urge is stronger in men: women can control their sexual urge for longer periods of time, which is more difficult in the case of men. A higher frequency in men's sexual intercourse is therefore attributed to a greater urge for sex, whilst a lower frequency is linked with the perceived loss of strength due to the wastage of semen, a drop of which is considered to be equivalent to 50-90 drops of blood. Unlike most men studied in Thailand, most Indian men in this research experience their first sexual relationship when they get married, a fact confirmed by other studies carried out in India and which is closely related to a tradition that severely condemns sex outside marriage. Nevertheless, a growing acceptance of extramarital sex may be noticed: more than 25% of the men studied had had sex outside wedlock, especially the younger ones with a more liberal approach.

The number of sexual couples is often associated with masculinity. Comparing reports from four Latin American countries (Brazil, Peru, Dominican Republic and Haiti), practically half of the unmarried men and a considerable proportion of the married men surveyed (between 6 and 29 %) reported having had two or more sexual partners in the previous year. Haiti is an extreme example of the risk in developing and transmitting AIDS, a country where the proportion of men reporting two or more partners is the highest, most do not use a condom, and half of them consider themselves at a low risk of developing AIDS.

The Role of Men in Family Planning

Many service organisations are becoming aware that human reproduction involves two individuals and that contraception may play multiple roles other than preventing pregnancy, such as preventing diseases and freeing from reproductive concerns during sexual intercourse. These are all good reasons for dealing with the role of men in contraception. A 1995 technical report from UNFPA indicates that: 'men are *de facto* involved in fertility, and they have an important role in contraceptive decisions. The support of men for women throughout their reproductive lives, e.g., before, during and after delivery, during breast feeding and when women are experiencing serious conditions, such as malignant or chronic gynaecological problems, and before, during and after an interrupted pregnancy (voluntary and spontaneous abortion) is crucial as well'.

It is often believed that men are misinformed about fertility control. However, recent studies show that they usually are as well informed as women about contraceptive methods and, although they possibly do not know so many female contraceptive methods as women do, they are sometimes more informed about male methods than women are. At any rate, there are practically no studies on the way men acquire such knowledge, and very little is yet known about how and where they get information on reproductive matters.

Although the reluctance of men to attend to family planning services is well known, there is evidence that this trend is beginning to change. In Africa, for example, men report higher levels of contraceptive use than women. The use of condoms plays a significant role in explaining this gender gap, though it may also occur that men exaggerate its use while women conceal it. The important issue is that men in Africa are involved in fertility control. Men have felt their traditional roles endangered by family planning services orientated mainly toward women, offering them up-to-date contraceptive methods which were not offered to men.

The rate of vasectomy may also be an indicator of men's involvement in family planning. The ratio between sterilised women and vasectomised men is almost universally skewed toward women with tubal ligation. In 1987 in Mexico, for example, there were 27.6 sterilised women for each vasectomised man. With the introduction and promotion of better procedures (the non-scalpel vasectomy techniques) this ratio decreased to 11.6 in 1993.

Another indication of the increasing involvement of men in fertility control is the information men have on abortion: in several Latin American cities, between 32 and 60% of the men surveyed reported that their partners had had an abortion.

There is a need for reproductive health services for men, including contraceptive provision and information, STDS (including HIV) testing, prevention and counselling services, prostate and testicular cancer checks, infertility treatments, as well as other needs that affect the male reproductive system. Men's specific needs should be satisfied in a culturally sensitive way.

Another frequent belief holds that men do not take responsibilities in fertility control. The use of contraceptive works as a simple indicator on this issue: married men report the use of contraceptive methods as frequently as married women and, in many cases, the corresponding rates are higher for men. Withdrawal, condoms and periodic abstinence - coitus-dependant methods – are often used by men to prevent pregnancy. It should be taken into account that, before the pill and other female methods appeared, most contraceptives were male-controlled and that, though contraceptive technology has advanced, male methods are always the same. Although there is evidence of the active role played by men in fertility control, very little is known about their involvement in other reproductive responsibilities such as the economic responsibilities derived from unwanted pregnancy.

The idea that men constitute a barrier for the use of contraceptives by women is rather widespread and is the reason that fostered the inclusion of men in demographic studies. One of the basic assumptions is that men encourage birth, that they want more children than women. However, many studies carried out in developed countries show that men approve contraception in a high percentage. A 1987 review shows very little difference with respect to the ideal size of the family between men and women considered as a group. Another review carried out in 1996, this time over 17 countries in Africa and Asia, shows wide variations between countries in connection with the number of wanted children both by men and women. Yet, there is very little gender-based difference on the number of wanted children, except in West Africa (with high levels of polygamy), where the number of children wanted by men exceed those wanted by women by 2 to 4 children. At an aggregate level (men and women considered as groups) there is not much difference in family size preferences, but disagreements were found within couples themselves. For example, studies carried out in Malaysia and Taiwan during the eighties showed that congruence between men and women overall regarding family size preferences and even regarding sex preferences was high, but agreement was low among couples. In a wide review of couple studies carried out in 1996 with data from developing and developed countries on a variety of reproductive measures, spousal agreement on subjective matters ranged from 60 to 70 percent. Disagreements within couples may be explained by failure in

communication rather than by the active opposition of the men to the use of contraceptives. Although many studies show a positive association between communication between spouses and the use of contraceptives, they present methodological problems that require further research on communication within the couple about sexual and reproductive issues.

The role of men in reproductive decision-making constitutes an area of knowledge that may cast some light on their behaviour in contraception. Theoretical models have been designed, mainly in USA, to focus on how disagreements are solved and which is the specific mixture of wishes and characteristics in the spouses affecting reproductive behaviour. Other more descriptive studies pose the question of who plays the main decision-making role, who starts the use of contraceptives, and who finally decides on specific matters. In this connection, it should be noted that the decision-making process is a fairly complex mechanism that cannot be summarised in a single question, and that the process itself should be differentiated from the implementation of the decision taken. Finally, the fact that men's decisions on reproductive matters prevail over women's, does not necessarily imply an impediment for women to use contraceptives; in fact, many women use them without men's consent.

World Fertility Surveys and Demographic and Health Surveys have provided information about representative samples, enabling cross-country comparisons. Comparative surveys reveal the existence of dramatic differences even in regions with cultural similarities, showing that excessive generalisation on reproductive matters entails serious risks. The cultural environment of a couple's dynamics and the prevailing gender system in particular, account for behaviours related to fertility.

In research carried out in 5 countries in Asia - India, Pakistan, Malaysia, Thailand and the Philippines - different communities were compared, grouped according to their gender stratification, taking into account women's empowerment and the communication flow between husband and wife. Within these communities, the agreement reached by the couple about having additional children and the use of contraceptives was measured. Both countries and the communities grouped within them represent different gender-based backgrounds. Researchers started from the assumption that in more gender-stratified, male-dominant societies, men's preferences in fertility matters prevail (with little disagreement between the members of the couple since tradition is not questioned, women are influenced by husbands or else are afraid of

expressing their opinions); and that, in more gender-egalitarian backgrounds, men's influence is lower. Evidence gathered shows that there is a certain relationship between the gender context and the agreement between spouses as to preferences in fertility matters and the use of contraceptives. There is higher agreement between spouses about having additional children in India and Pakistan, which are more gender-stratified, male-dominant countries, than in Malaysia, Thailand or the Philippines. And yet, inside these countries, just a few occurrences of this relationship between gender contexts and fertility preferences could be found in the different communities. Consequently, it may be said that the relationship between gender-based stratification and agreement between husband and wife in relation to having additional children, is a complex one. Except in the Philippines, it was determined that the more gender stratified a country is, the less effective were the wives' preferences on fertility to define the use of contraceptives than those of their husbands. Also inside the countries, the more gender stratified the community, the more prevailing husband's preferences on the use of contraceptives were over their wife's, with rare exceptions like Hindu women in Tamil Nadu. All of this confirms that men's role in fertility decision-making is strong in patriarchal societies, but tends to diminish or disappear in more egalitarian environments, especially when fertility transition advances. Consequently, in more gender stratified countries, husband's preferences do not properly attest for the proportion of women with unmet needs (i.e. women who do not want any more children, and yet do not use contraceptive methods). In these countries, only a few women would openly oppose their husband's decision of having more children. We may think that as countries reduce gender stratification, and disagreements inside the couple start to arise, men's opposition to contraception could play a major role in accounting for women's unmet needs. However, the Philippines case does not confirm this assumption: although it is a country with low gender stratification levels, high levels of disagreement between husband and wife as to fertility, and high levels of unmet need and husband's disagreement with their wife's fertility wishes only accounts for a mere 10% of the latter's unmet needs.

Every country in the world holds people with unmet needs, although these seem to be higher at the beginning of the demographic transition, when fertility ideals are changing while reproductive behaviours stay the same. In order to understand women's unmet needs in Sub Saharan African countries, (where there are still high levels of fertility in spite of a relative demand for contraception) not only women's perspectives and behaviour should be observed, but men's and couples' as well. Gender-based differences and segregation; conjugal arrangements (marriages controlled by their original families, big differences in age, polygamy, natural children); and the household organisation (a responsibility shared by big family organisations linked by lineage), all these

suggest that reproductive decision-making involves a complex process including different motivations for men and women, and heterogeneity between husband and wife in connection with this issue.

The process of demographic transition - the course followed by country populations until they reach low fertility and mortality rates - is largely associated with changes in the quality and structure of contraceptive demands in their populations. Pre-transitional societies show a high fertility curve, while the demand for contraceptives is non-existent. During the early stages of transition, there is an increase of motivation to control fertility more than a dissemination of contraceptives. In the full spate of transition, the demand for birth control is satisfied to an even higher degree. And by the end of the transitional period, the use of contraceptives fulfils all demands, leaving only a small amount of unmet needs for family planning.

In an analysis based on the most recent data delivered by Demographic and Health Surveys from Burkina Faso and Mali, tested against data from Ghana, specific fertility levels and demand for children and for contraception in men and women were compared, and the consistency of expectations and agreements among spouses was reviewed. In Ghana, a country that is entering into the demographic transition, there is an increasing preference for smaller family size, the demand for contraceptives is significant in men and women, and a major proportion of couples agree on family planning. In Mali and Burkina Faso, the ideal of a big family still prevails, and although the wish to allow spacing between each birth is present, only a few men demand that births should be limited. Only a small number of husbands agree with family planning, although there is an increasing proportion who intend to use contraceptives in the future, which is an indication of conceivable changes in younger generations. In the three countries mentioned, men play a significant role in innovative behaviours. The use of contraceptives increases when husbands agree upon the family control project, even when wives may have other preferences. Furthermore, only a few wives would use contraceptives when husbands disagree with this viewpoint.

In Cameroon, a country with a high total fertility rate (5.8 children in 1990 according to data provided by the Demographic and Health Survey of 1991), couples living in the same dwelling unit were also surveyed. Couples with traditional attitudes and norms (that have low educational levels, living in rural, underdeveloped areas with a high predominance of polygamy and traditional religions), agree in their rejection of family planning. Couples that are

considered modern (with a higher educational level, and living in urban and more developed areas), discuss family planning matters and agree to adopt contraception. Transitional couples - divided practically by half between rural and urban areas, and between polygamous and monogamous couples, and more educated than traditional couples -, although they may have discrepancies, are beginning to discuss family planning issues, with women usually adopting contraception in spite of men's opposition. This study suggests that changes in social and economic factors such as education cause changes in attitudes towards fertility and family planning. Additionally, it was found that women emerge as the main actors of change, and that women in modern areas are in favour of family planning while men remain linked to high fertility.

In a survey mentioned in previous paragraphs concerning Latin American countries where fertility is declining, it may also be observed that there is a match between these countries' development levels and men's behaviour towards fertility and contraception. In Brazil - a country with the highest per capita income, the highest urban concentration and the highest educational levels among the four - the male fertility[1] rate is 3.1 children. In Peru and the Dominican Republic, which are midway in relation with these indicators, the rate is 3.5 and 3.6 children per man respectively, while Haiti - the least developed country among the four - has a male fertility rate of 4.4. Men report higher fertility levels than women, particularly in the Dominican Republic and Haiti, countries where men have the highest number of sexual couples. There is a wide variation in the use of contraceptives, with men from Brazil (73.4%) and from Haiti (32.4%) placed at the extremes of the range, while men from Peru (66.6%) and the Dominican Republic (66.7%) show values closer to those of Brazil. Both in Brazil and the Dominican Republic the majority of men claim they use female contraceptives (the pill, IUD and sterilisation), and in Peru and Haiti, periodic abstinence and other methods play a significant role. Condoms are scarcely used by men in these countries.

As we can see, comparative studies have made advances in prior knowledge on the reproductive behaviour of men and women; however, there is still a long way ahead to reach a better understanding of the differences in behavioural patterns of men from different countries and communities. More advances should be made in connection with the methodology used for interviews and questionnaires, allowing for identification of critical traits in specific backgrounds.

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1 Measured by the number of children ever born (CHEB), declared by currently married men at the time of the survey

Family Formation

Transition to adulthood is made up of a series of linked events, in which forming a new home together with the ending of the education and the beginning of a professional career, are the outstanding points marking this biographical stage. The formation of a new family is a crucial event in the reproductive process, that generally concludes with a new childbirth.

Italy, a country that differs from northern and central European countries in terms of lower levels of separations and divorces, shows stability in marriage but a strong drop in birth rates, possibly due to the delay in family formation as well as in childbirth. This is revealed by a survey of men aged 20-49 carried out within the Fertility and Family Survey framework. According to this survey, family formation in younger generations is being delayed, and the age of entering the first job, the first marital union and the first childbirth are separated by a 5-year period between each event. Both massive dissemination of high school and university education, and the search for a stable job, seem to be causing this delay. Italy is considered a conservative country with respect to family formation: only a few men would declare *de facto* unions, half of which end up in marriages. Traditions and values that stem from religion and especially from matrimonial institutions still have a strong effect on these men's decisions to cohabit. The few men who have experienced consensual unions are graduates living in northern Italy, are not religious and more often than not, are divorced. The majority of married men have celebrated a religious marriage.

Several surveys demonstrate that there is a close connection between men's economic situation and union formation. The transition towards marriage is considered jointly with the transition to be employed. Uncertainty as to the adult economic role has a negative impact on the possibility of getting married. In certain developing countries, temporary migration due to working reasons is a frequent condition, and has a strong effect on men's life course transition and, in some communities, is an outstanding event marking their transition to adulthood. The case of migrant men from Western Mexico confirms that temporary labour migration is a disruptive event which delays the formation of new unions while they are living abroad, although when returning home the formation of a new home is easier, provided the trip was successful enough to accumulate enough financial resources. Another cause for marriage delay lies in the imbalance between the sexes, since men's migration raises the relative supply of women in their community of origin, lowering the pressure on men to get married. The relationship between family life and world-wide migration in men from Western Mexico is fairly complex: age at marriage is stabilised at 24 years in the various cohorts, in spite of social and

economic changes and recurrent financial crises. Among these men, migration to the United States is a major economic strategy which enables them to achieve their family formation goals. Furthermore, increasing participation of women in the labour market, which enables them to make economic contributions to the new home, has also contributed to keep the average age of union at 24 years among these Mexican men. For men, the moment to get married is affected not only by their economic condition but also by their economic potential in the long term, and it is at this point where their educational background plays its role. The number of years of education achieved is a major determinant of men's chances in the labour market. Among men in Western Mexico, those with a lower number of years of education (0-5 years) have limited job opportunities, mostly related to agriculture or menial jobs in urban settings. Thus, for them getting united at an early age does not jeopardise their labour possibilities in the long run, since they have no chance to make social progress. Men with intermediate levels of education (6-11 years) are better positioned in terms of occupational perspectives, but they depend on their ability to find a stable job. In these cases, getting married at an early stage is against their expectations of making social progress, since they are forced to interrupt their training or their first job experiences. Men with more than twelve years of education form a privileged group, with definite job opportunities and promising career paths; consequently, they are able to get married at an early age without jeopardising their long-term economic projects.

Forming a marital union implies assuming adult responsibilities related to the economic maintenance of the new home and child rearing. The economic crisis that has affected the majority of developing countries recently is creating new family models with respect to the home economic contribution. In many societies, a new concept involving two or more family providers to the home is now emerging.

Men at Home, Fatherhood, Child Rearing

In the metropolitan area of Buenos Aires City, Argentina, the model of man as the sole economic provider decreased 23% from 1980 to 1994, and the two providers model increased by 68%. The most important factors driving the change have been the growth of female labour force and of men's unemployment. Although the effects of these changes upon family dynamics are yet unpredictable, they give rise to the question of the extent to which women's dual roles (being the economic providers, and responsible for household and

child rearing) will be shared by men. According to a study carried out in Argentina on middle-class couples, where both members contribute to the household economic maintenance, it is easier for men to share the parental role than to share in housework. Anyhow, these men are sharing somewhat more housework and much more childbearing responsibilities than their own parents did thirty years ago.

Within the family dynamics, the economic provider and head of the household roles have usually been assigned to men. Yet, this is not true with child socialisation and care. In most societies, and for a very long time, women have assumed these responsibilities, both towards their sons and their daughters.

A report by UNICEF published in 1998 says: 'Men's self image as nurturing people who can care for children (and spouses) should be enhanced in any possible way. Such improvement in self image might lead to reductions in violence within families as well as to increases in benefits for children and mothers'.

The inadequate participation of fathers in child caring and socialisation is associated with cultural beliefs that stereotype gender-based behaviours. However, global media messages and modern ideologies are introducing changes in the notion of what it is to be a good father, and what are men's roles in the home.

This is not free of obstacles: what in some social environments is called 'new parenthood' (e.g. fathers involved in delivery room procedures, diapering and increased nurturing of children at all stages) might lead to stresses and strain. Men's performance in areas that have traditionally been within women's domain may lead to negative feelings in other members of the community. As an example, it is usually hard for men to get permission from their employers to take care of their children, or else they may be criticised by their friends or by other members of the family for extending their role beyond what is socially accepted. Sweden, a leading country renowned for its 1974 legislation which granted labour leave alternately to both parents during the first months of child rearing, encountered difficulties in overcoming these problems. Not all men showed the disposition required to develop the intimacy and emotional involvement with children that is usually found in mothers. Some Swedish scholars currently reviewing this problem point to the need of setting up models in which fatherhood becomes compatible with intimacy and manliness.

Several authors agree that children's emotional and physical relationship with their fathers has a major impact on gender-based equality and inequality. In

families or social groups where a closer father-son relationship is possible, hyper-masculinity is less noticed. In large cities, men have less time to devote to their children, and although many have come closer to the 'new father' ideal, it may also be noticed that there is a high proportion of divorced fathers who stop paying alimony, put little effort into maintaining a close contact with their children, ignore their mate's pregnancy or else leave their children to the care of single mothers.

The study mentioned in prior paragraphs (focussing on young middle-class men in Argentina), revealed that their notion of 'father' is partially coincident with the idea of 'new father' regarding the possibility of expressing affection or emotional involvement towards their children, but not in relation to the day-to-day performance in child rearing. For these young men, the social representation of 'father' is made up of such attributes of affection as love, understanding, companionship, friendship, confidence, etc., and of attributes related to care, protection and the perpetuation of lineage such as responsibility, stability and legitimacy. At the same time, their manifestations entail a wish to achieve a state of equilibrium between authoritative and permissive attitudes towards their children, which beyond 'pure affection' enable them to mark limits to their children's behaviour.

Adolescents from lower social areas in Rio and Chicago find that being a father is the opposite of what their fathers were. Just a few of them have had active and involved fathers; only a small number remember having a good time with their fathers. This is the reason why they fail to recognise themselves as nurturing fathers. It is important to offer adolescents opportunities to develop their nurturing or caring aspects, performing the role of mentors of others and providing them with a proper space for pondering on fatherhood and the meaning of being a father, through which they may find ways to challenge current gender models, and may be able to achieve those versions of themselves they truly want to achieve.

One of the emerging aspects related to the study of fatherhood is men's investment in their children. Today, demographic tendencies point to a higher number of divorces and child rearing out of marriage, which means a higher proportion of men that do not live in the same home with their biological children. This is an increasing phenomenon in developed and developing countries. For example, there is evidence of this phenomenon in sub-Saharan African countries, where a substantial proportion of school children live in homes without the presence of their biological parents.

Many men have children in more than one sexual union. In Zaire, where polygamy is illegal, 36% of men currently in unions have had at least one child with another woman. And a study carried out in Canada on lifetime father-

hood shows that more than 20% of men have experienced out-of-wedlock fatherhood.

Men may also exercise their fatherhood in ways other than biological fatherhood. Men actively father children who are not their own biological children through fosterage, informally parenting family members' children, or marrying women with children from other unions. Therefore, putting too much emphasis on biological fatherhood sometimes prevents recognition of men's real investment in children.

Men's economic investment in their children is affected by the nature of the relationship between fathers and mothers. Fathers who do not live with their children's mother are less interested in investing in those children. This may be why in many countries, child support policies are difficult to implement, especially when they have to be applied to extramarital children or children from prior marriages.

Conclusions

Technological and social changes during the second half of the century brought about transformations, especially in western societies, in terms of women's participation outside their domestic boundaries and in the sexual realm. With the introduction of the contraceptive pill, sexuality stopped being associated solely with reproduction. Women have become aware that they have equal rights with men to enjoy sex and to self-determination in these matters, while men are deprived of former justifications to exercise their power and sexual prerogatives. All of which leads to redefine men's role in family and society, and to rethink a way to transform old patterns of masculinity. It seems that current changes in men are more related to social pressures due to women's advances and to economic pressures based on lower labour opportunities, than to deep transformation of their values and beliefs. Some social interventions like those carried out in Mexico among adult men, demonstrate that it is not an easy task to bring about such transformations, and that future actions aiming at younger men may be fruitful in future generations. A 1995 report from UNFPA concludes: 'Education can provide boys with a different interpretation of masculinity, replacing the one based on domination to one defined by shared responsibility'.

Undoubtedly, a process of deep social changes is taking place, which makes it very difficult to predict the future direction of gender-based roles. Yet, we

may assert that they have changed during the second half of this century. Generally speaking, women have made some progress in terms of self-determination, and in some countries patriarchal patterns that regulated men and women's behaviour in the past were left behind to some extent. However, a significant work of social construction still lies ahead, one that contributes to the development of the next generation of mankind, where men and women are able to display more harmoniously their potentials according to their true wishes for personal growth and human reproduction, in line with the social and cultural environment in which they live.

MEN, FAMILY FORMATION AND REPRODUCTION

List of papers presented at the seminar on 'Men, Family Formation and Reproduction' organised by the IUSSP Committee on Gender and Population and the Centro de Estudios de Poblacion (CENEP), held in Buenos Aires, Argentina, from 13-15 May 1998.

Session 1 *Theoretical-Methodological*

'Reconceptualizing the role of men in the post-Cairo era' by Axel I. Mundigo

'Absent and problematic men: demographic accounts of male reproductive roles' by Margaret E. Greene and Ann E. Biddlecom

'Work among men in Latin America. Investigation and practices, results and experiences' by Daniel Cazes

'The implications of the researcher's gender in the construction of data for studies on sexuality and masculine reproductive health' by Graciela Infesta Dominguez

Session 2 *Approaching Demographic Research from Men's Perspectives*

'Some characteristics of the reproductive process of males' by Juan Guillermo Figueroa Perea and Olga Lorena Rojas

'Problems of collecting information from men in demographic surveys: experience from the 1988 Turkish population and health survey' by Turgay Unalan

'Men's reproductive health: the impact of age of father on child survival' by Guillaume Wunsch and Catherine Gourbin

Session 3 *Sexuality*

'Boys in the hood, boys in the Bairro. Exploratory research on masculinity, fatherhood and attitudes toward women among low income young men in Chicago, USA, and Rio de Janeiro, Brazil' by Gary Barker

'Sexual contact of Thai men before and after marriage' by Wassana Im-Em

'Representations of sexual and preventive practices in relation to STDs and HIV/AIDS among adolescents in two poor neighbourhoods in Lima, Peru: relationship between sexual partners and gender representations' by Carmen Yon, Oscar Jimenez and Rocio Valverde
'Men's attitude towards sexuality and their sexual behaviour. Observations from rural Gujarat' by M.E. Khan, Irfan Khan and Nupur Mukerjee
'The sexuality of the Guatemalan Mam Indians and its changes with urbanisation' by Alfredo Mendez-Dominguez

Session 4 *Men's Life Transitions*
'The timing and synchronization of life course transitions among Mexican men' by Emilio A. Parrado
'Transitions to manhood: socialization to gender roles and marriage among Egyptian adolescent boys' by Barbara Ibrahim, Barbara Mensch and Omima El Gilaby
'Gender differences in attitudes toward family size; a survey of Indian adolescents' by J. Mayone Stycos
'Male cohabitation and marriage in Italy. First results according to the 1995-96 Fertility and Family Survey' by Lisa Francovich

Session 5 *Role of Men in Contraceptive Behaviour (Decision-Making)*
'Demand for contraception by Sahelian couples: are men's and women's expectations converging? The cases of Burkina Faso and Mali' by Armelle Andro and Véronique Hertrich
'Male fertility, contraceptive use, and reproductive preferences in Latin America: the DHS experience' by Edilberto Loaiza
'Does man actually decide in Africa? Couples strategies about fertility in Cameroon' by Amadou Noumbissi and Jean-Paul Sanderson
'The husband's role in determining whether contraceptive is used: the influence of gender context in five Asian countries' by Karen Oppenheim Mason, S. Philip Morgan, Herbert L. Smith and Sharon Stash

Session 6 *Household Division of Labour, Fatherhood and Child Rearing*
'Being a man, being a father' by Ana Lia Kornblit, Ana Maria Mendes Diz and Monica Petracci
'Men and the family' by Catalina H. Wainerman
'Husband's household labour and reproductive behaviour. Case of Japan' by Hachiro Nishioka

No. 18

Women and the Labour Market in Changing Economies: Demographic Issues

Ruth Dixon-Mueller

Introduction

The policy monograph on the subject of **Women and the Labour Market in Changing Economies: Demographic Issues** is based on a seminar organized by the Committee on Gender and Population of the International Union for the Scientific Study of Population; the Istituto Nazionale di Statistica (ISTAT) and the Dipartimento di Scienze Demografiche, Universita degli Studi di Roma 'La Sapienza', held in Rome, Italy, from 22-24 September 1999.

The Feminization of the World's Labour Force

More than 40 percent of the world's labour force is female. In some regions, such as sub-Saharan Africa, the high visibility of women as workers - in some cases exceeding half of the labour force - is a manifestation of women's traditional role in agriculture and trade. In other areas, such as China, Vietnam, the Russian Federation and Central and Eastern Europe, women's high participation rates - reaching almost 50 percent of the workforce - are a result of economic and social policies under socialism that valued (indeed, required) women's labour in all sectors of the economy. And in still others, such as the high-income post-industrial economies, they result from expanded opportunities in the service sector, combined in advanced welfare states with generous social policies that make it easier for women - whether married or single - to hold a job and raise children.

Regions of significantly lower female participation, such as North Africa and the Middle East and Latin America, represent more conservative traditions with respect to women's work outside the home. But the female share of the labour force has been rising in the past two decades in both regions, from 26 to 28 percent in North Africa and the Middle East and from 28 to 33 percent in Latin America and the Caribbean (World Bank 1996). Export manufacturing has contributed to this growth in much of South and Southeast Asia and Latin America. Only in the newly independent states of Central Asia have significant losses occurred following the collapse of the Soviet Union and the resulting economic disarray.

As shown in Box 1, the highest participation rates and the most rapid growth in female employment across countries grouped by income level are found among women ages 25 to 49, that is, during the prime years of marriage and childrearing. The rise in female participation is particularly pronounced in high-income countries, where the total fertility rate is also dropping most precipitously.

BOX 1: FEMALE LABOUR FORCE PARTICIPATION RATES ARE RISING AND FERTILITY RATES FALLING ACROSS ALL INCOME CATEGORIES, BUT MORE RAPIDLY IN HIGH-INCOME COUNTRIES

Activity rates by age and year	All countries	Low income	Middle income	High income
Age 15 to 24				
1970	44.2	52.5	34.7	53.6
1990	47.3	54.6	39.4	55.0
1990 as % 1970	107	104	114	103
Age 25 to 49				
1970	43.3	57.9	35.8	42.3
1990	58.8	65.4	49.8	69.0
1990 as % 1970	136	113	139	163
Total fertility rate				
1970	5.15	6.55	5.63	2.75
1990	3.84	5.63	3.94	1.76
1990 as % 1970	75	86	70	64

The table is based on unweighted averages of 91 countries for which data are available (24 low-income, 44 middle-income and 23 high-income).
Source: adapted from Clark, R. L. and A. York, 'Cross-national analysis of women's labour force activity since 1970'. Seminar paper.

The changing position of women in the labour force signifies dramatic changes in women's lives inside and outside the home. Responding to the shifting structure of labour markets and to social and demographic trends such as rising female education, delayed marriage, lower birth rates, and work-related migration, women's integration in the labour market sets in motion additional social and demographic transformations. The complex interactions among economic systems, labour markets, social policies, gender relations, and demographic behaviour raise a number of research and policy questions. For example,

- How is women's position in the labour market in different regions and cultures affected by major economic changes such as the globalization of pro-

duction, increasing flexibility and informality of production, growing economic insecurity and unemployment, the expansion of part-time formal sector employment, and economic restructuring?

- How is women's entry into the labour market affected by demographic factors such as the timing of first marriages and births, the likelihood of divorce or nonmarriage, patterns of marital and non-marital childbearing, contraceptive use, and voluntary migration? In turn, what additional social and demographic changes result from women's employment?

- What range of policies is needed to facilitate women's economic participation and ensure their fair and equal treatment with respect to employment, job advancement, and wage and non-wage benefits? How can policies enhance women's economic independence and their ability to combine productive and reproductive/familial roles more effectively?

The Impact of Global Economic Change on Labour Markets

The 1990s were a period of economic turbulence. Despite the ongoing efforts of experts to 'get the markets right' through international policies of liberalization, privatization, and structural reform, income distributions were worsening both within and among countries. While some economies were booming, others were in decline. By mid-decade, the per capita gross national product of 25 high-income countries (encompassing 15 percent of the world's population) averaged $23,420 compared with only $1,090 for 108 low- and middle-income countries for which data were available. More than half of the latter group were classified as 'severely indebted' (World Bank 1996).

Intended to fuel economic growth, unrestricted flows of private capital turned out to be highly unstable. Currencies, stock markets, and bank reserves soared and plummeted, causing overnight crises that spread from one country to another. Even high-income countries were not immune, although they were more resilient and some among them were experiencing unprecedented prosperity. Low- and middle-income countries attempting to insert themselves into the global marketplace competed with one another to cut costs in the face of uncertain or declining world prices for their primary and manufactured goods, giving rise to new terms such as *unequalizing trade* and *immiserizing growth* (Joekes). The great Planned Economies had collapsed (the former Soviet Union) and/or were embarking on market reforms (China and Vietnam). Including one-third of the world's population, they were now called *countries in transition* with an 'unfinished agenda'.

Macro political and economic changes such as these influence demographic processes directly by altering the environment in which people make demographic decisions. They also exert indirect effects by altering the demand for male and female labour. The impact of globalization on national labour markets depends on conditions unique to each country such as its political institutions, resource base, and location in the world economy.

- In much of Asia, for example (e.g. Bangladesh; see Afsar) and to a lesser extent in Latin America (e.g. Mexico; see Parrado and Zenteno), the growth and diversification of exports away from primary commodities toward light manufactured goods has created unprecedented opportunities for girls and women (even those with little formal schooling) to enter the wage economy. Across developing countries, the higher the share of exports in the manufacturing sector, the higher is the share of female labour (Joekes). Although women are paid less than men, they typically earn higher wages in this sector than in agriculture, small-scale commerce, or domestic service.

- Volatile capital flows and fluctuations in exchange rates can cause sharp falls in incomes and employment affecting wage and salary earners. However, the visible effects of massive layoffs on labour force participation rates are sometimes clouded by compensatory movements in and out of the labour force, by shifts between wage work and self-employment or unpaid family labour, and by reductions in hours worked, as happened during the currency crisis in Indonesia in 1998 (Beegle, Frankenberg and Thomas). Difficult to track, employment transitions such as these are differentiated by gender as well as by age, education, family status, and region of the country.

- Evidence from sub-Saharan Africa (Arneberg; Kikhela) and from Latin America (Parrado and Zenteno; Cerrutti) suggests that the adoption of Structural Adjustment Programmes (SAPs) in times of recession causes additional deterioration in employment generation and job security. In the face of increased male underemployment and unemployment, women from low-income households enter the labour market in unprecedented numbers. Most end up at the low end of the occupational spectrum. Households cope by reducing consumption and increasing the labour supply, not only of women but also of children and adolescents who may be taken out of school.

- The collapse of Soviet communism has hit women especially hard through the disproportionate loss of government employment, the difficulty of finding new jobs, and the critical loss of job-related social benefits such as child care, paid maternity leaves, health care and subsidized housing (Kohler and Kohler; Festy, Prokofieva and Mouratcheva). In some parts of Central and Eastern Europe and the Russian Federation, women account for a higher share of the

unemployed and in some countries have been told by officials that their duty is now to stay home and not take jobs from men (World Bank 1996:73).

BOX 2: THE PHENOMENAL GROWTH OF FEMALE EMPLOYMENT IN THE GARMENT INDUSTRY IN BANGLADESH

Bangladesh has been called 'a classical case of female led industrialization'. The manufacture of ready-made clothing for export, which scarcely existed in 1980, employed 1.5 million workers in the mid-1990s. Ninety percent are migrants from rural areas and nearly 70 percent are women. The female share of the labour force in the export processing zones (64 percent in 1994) exceeds that of Malaysia and is almost as high as Korea and the Philippines. Overall, the female share of the total labour force in Bangladesh grew from 6 percent in the 1981 population census to 18 percent in a 1995-96 survey with comparable definitions of economic activity.

Policies promoting export-oriented light industries in Bangladesh have created a demand for cheap labour which, despite some negative implications, has opened up new employment opportunities for girls and women in the garment sector and brought major changes to their lives.

- *most garment workers, both female and male, migrate to the Dhaka area primarily to look for jobs and not for family reasons;*
- *most already have established social and kin networks in the city and know in advance about the nature of work and wage opportunities;*
- *female migrants are increasingly young, unmarried, and from poor rural families in which economic pressures overcome the restrictions of purdah;*
- *although women earn less than men, the wage differentials decline with time as women acquire experience and on-the-job training;*
- *entry into formal wage employment is associated with delayed marriage and changing relations between the sexes, especially among coworkers;*
- *compared with their non-employed counterparts, married female workers are more likely to use contraceptives and to have fewer children.*

Social policies have not yet caught up with these changing patterns, however. Women workers depend on families and other informal networks for housing, social support, child care if needed, health care, and safe passage to and from work. Moreover, policies are not yet in place that would reduce discrimination in wages and types of work or ensure that opportunities for women will prevail in other sectors if garment exports should decline.

Source: Afsar, R. 'Gender, labour market and demographic change: a case study of women's entry into formal manufacturing sector of Bangladesh'. Seminar paper.

In China and Vietnam, the growth of entrepreneurial opportunities in urban areas and of capitalist enterprises in the Export Processing Zones places women and men in competition for jobs as government controls on mobility

are relaxed and the commitment to gender equality weakens. In some cases, female migrants from rural areas fare less well than their male counterparts in terms of occupation, hours worked and wages earned (Shanghai; see Wang and Shen) whereas in other cases they benefit equally or even exceed the achievements of male migrants in the place of destination (Shenzen, China; see Liang and Chen; Vietnam; see Goldstein, Djamba and Goldstein).

- In high-income economies, the growth of the service sector - which now employs two-thirds of the total labour force - has created an intense demand for female labour across all skill categories. Occupations with high proportions of female workers are more likely to offer part-time or temporary work, flexible work schedules, and non-standard work weeks that allow women to combine work and child care in the expanding 24-hour economy (Presser 1999). At the same time, the industrial sector cuts costs through *downsizing* and *outsourcing* of suppliers, which disproportionately affects men's jobs.

Social and Cultural Factors Affecting Female Participation

The impact of changing economic conditions on women's involvement in the labour market is mediated by social relations of gender in each society that determine, among other things, the sexual division of labour, the distribution of material and social resources, and the nature and degree of male power and privilege. Gender systems affect both the supply of female labour and the demand. In turn, social and structural changes in labour markets can challenge traditional gender systems by offering new opportunities to women and girls.

Labour markets are socially complex, hierarchical systems for buying and selling people's labour - that is, of negotiating the 'terms of trade' of the employer-employee relationship. They are segmented according to many cross-cutting criteria. Some relate to the institutional setting (the scale, function, organizational structure and location of the enterprise, for example, and the degree of unionization); others to the ascribed characteristics of the worker (gender, age, race or ethnicity, caste, nationality, etc.) and still others to the specific demands of the job and the skills and training required.

Varying across and within countries, the segmentation of labour markets creates geographically-specific structures of opportunities and constraints that operate to the advantage of some and the disadvantage of others. Those capable of moving may transcend the socially determined limitations of local labour demand (as well as a generally weak market) by moving to environments with more favorable opportunity structures. Indeed, the search for just such an

economic niche is a prime motivator of population movements from rural to urban areas and across national borders.

BOX 3 : WHY ARE WOMEN AND MEN CLUSTERED IN DIFFERENT OCCUPATIONS? THEORIES OF OCCUPATIONAL SEGREGATION BY SEX

Neoclassical theories stress the balance of supply and demand factors and the element of rational choice or preference within a system of constraints. Women may prefer certain occupations even if they are 'overeducated' for the job, for example, if such occupations permit greater flexibility of hours or easier labour force entry and exit and can thus be adapted to family responsibilities. Employers try to maximize profits by weighing the relative value of female and male workers, taking into account their 'endowments' of human capital (e.g., training and experience) and their labour costs.

***Theories of labour market segmentation** stress the institutional character of decisions relating to who is hired, fired and promoted and how much they are paid. Although neoclassical notions of rational choice play a role, the segmentation of the labour market according to workers' sex as well as to the type and scale of enterprise and the benefits offered creates a series of boundaries within the market that are difficult for workers to cross. Different rules apply within these segments that are determined primarily by their institutional characteristics.*

***Feminist theories** stress gender-related characteristics such as the traditional sexual division of labour and female subordination resulting from patriarchal ideologies and practices. These include the sex-stereotyping of fields of study and occupations in which certain types of work are considered inherently suitable for males or females. Females are generally assumed to be better at household and care-related work compared with males. This approach emphasizes the importance of social norms and cultural practices rather than the structural characteristics of labour markets and economic systems.*

Although each of these approaches contributes to our understanding of sex segregation and other labour market inequalities, the most compelling explanation appears to derive from theories of gender hierarchies, the sexual division of labour, and gender-based socialization and stereotyping.

Source: Anker, R. (1997) 'Theories of occupational segregation by sex: an overview'. *International Labour Review*, 136, 315-339.

The sex segregation of occupations, which often occurs together with racial and ethnic segregation, is one of the most visible manifestations of labour market segmentation. Although declining in some countries, sex stereotyping

continues to circumscribe women's opportunities and to steer girls and women into lower paid jobs.

Statistical indexes of dissimilarity in the distribution of women and men across occupations differ significantly by world region. In general, the degree of sex segregation is lowest in the Asian and Pacific countries and highest in North Africa and the Middle East. But there is a considerable range within regions as well (for example, the index of dissimilarity is far higher in Sweden than in the United States, in Ghana than in Senegal, and so on) that is not explained by national variations in per capita incomes, the percentage of the labour force in agriculture, or women's average educational levels (Anker 1998, cited in Clark and York). Cross-national analyses suggest that social and cultural factors (especially gender systems) may be more important than economic or labour market variables in determining the extent and nature of sex-based occupational segregation and the rapidity of change.

Gender in the Labour Market: Attachments and Rewards

The segregation of the sexes across and within occupations (by task and rank) represents one component of women's and men's experience in the labour market, but there are many others. The timing and frequency of shifts into and out of the labour market, including moves between wage-paying jobs and self-employment or unpaid labour in a family enterprise, is another. Hours worked per week, short-term or casual employment, experiences of layoffs and unemployment, access to legal work permits and other factors all represent degrees of attachment to the labour market that differ for women and men.

- In the United States, Canada, the United Kingdom, Italy and Germany, the female share of the rapidly growing part-time labour force ranges from 79 to 95 percent (Bardasi and Gornick). The highest probability of working part-time is found among married mothers, followed by married women without children, single mothers, and single women without children. Although the effects of family composition on the 'choice' to work part-time vary across countries, the consequences are consistently associated with less job security, fewer non-wage benefits, and lower rates of pay.

- The female labour force participation rate in Buenos Aires has risen rapidly during the past two decades, reaching 46 percent in 1995. However, analysis of panel data (Cerrutti) reveals that very high proportions of women change their labour force status within an 18-month period. Fewer than half of those who worked during the period did so continuously. Intermittent partici-

pation is more frequent among younger and older women, among married women with small children (especially in low-income households) and among those with little schooling. The lack of regular part-time jobs in the formal sector, the proliferation of temporary jobs and discrimination against mothers of young children all contribute to job discontinuity, which reflects and perpetuates gender inequalities in the labour market and in other areas of social life.

Much of the research on gender differences in labour market experience focuses on disparities in wages, controlling for the influence of personal and job-related characteristics in an attempt to isolate a pure *discrimination effect*. Analysts typically distinguish among human capital variables (e.g., years of schooling, training, job experience), labour market variables (e.g., economic sector, occupation, size of enterprise, overall wage hierarchies), and discrimination factors (e.g., unequal pay for the same work or for work of equal value).

Among labour migrants in Italy from Morocco, Poland and the former Yugoslavia, for example, the discrimination effect is statistically significant among the first two groups and absent from the latter, in which women's lower wages are due primarily to their concentration in domestic services (Strozza, Gallo and Grillo). In Canada and the United States, two-thirds of the female/male earnings disparity is due to 'discrimination' (a residual effect after controlling for differences in human capital) while in several Latin American countries the 'discrimination factor' accounts for 85 to 115 percent of the sex-based wage differentials (cited in Joekes). (The 115 percent figure results from the higher average level of education among women compared with their male counterparts in the labour market in Chile). In a broader sense, however, *virtually all of the so-called control variables are themselves manifestations of discrimination*, that is, of gender differences in social expectations, familial responsibilities, and labour market segmentation.

Of particular interest in this report is the gendered nature of the relationships among demographic factors and labour market participation. How do variables such as a woman's current age, years of schooling and field of study, marital status, the number and ages of her children, the presence of other family members in the household, and her migration history affect her relationship with the market as compared with a man's, for example? In turn, what are the demographic implications of women's labour market participation with regard to the motivation to marry or divorce, to avoid pregnancy, and - more broadly - to challenge gender ideologies and practices that restrict women's freedom of choice?

Demographic Linkages: Work, Marriage, Family

A growing *demand* for female labour will attract those most able, willing, and qualified to take advantage of new opportunities. Individual demographic traits such as marital and childbearing status will of course play a role in the selectivity of the response. At the same time, national trends such as rising female education, delayed marriage, rising proportions single, lower birth rates, and growing rates of marital dissolution affect the *supply* of female labour by increasing its quantity and flexibility quite apart from the demand.

Most research addressing the linkages between women's labour market participation and their demographic behaviour is based on causal models in which one factor, such as wage employment, is hypothesized to influence another, such as contraceptive practice, controlling for related influences such as education, age at marriage, number of children, place of residence, husband's social and economic characteristics, religion, and so on.

Imposing a causal model on what is typically a pattern of jointly determined behaviours is somewhat artificial, however. Both sides of the equation are likely to be shaped by a common set of conditions at the individual, familial and societal levels. The degree of parental investment in a girl's education, for example, which is correlated with social class among other variables, is likely to influence both her career *and* her marital and reproductive aspirations and opportunities. In this sense, her opportunity structure is a 'package deal'. This is not to say it is static, however, for the nature of the 'deal' and the connections among its inter-related elements can change over time.

- In Mexico the female labour force participation rate rose from 13 percent in 1950 to 35 percent in 1996 (Parrado and Zenteno). Although the demand for female labour under the impact of macroeconomic change has grown in the commercial sector and to a lesser extent in manufacturing (it has always been high in domestic service), virtually all of the growth in female participation can be explained statistically by intergenerational changes in women's human capital (especially the increase in higher education) and family characteristics (lower nuptiality and fertility).

- Although divorce is still rare in Spain, it is becoming more frequent following the liberalization of the divorce law. Among younger generations, female labour force participation rates are rising and birth rates falling dramatically, especially among highly educated women (Solsona and Houle). Women's economic independence as measured by occupational status raises the likelihood of union disruption independent of duration of union, age at union, current age, number and ages of children, and education. Its effects are

weaker among younger generations of women, however. For men, *unemployment* doubles the risk of divorce among older generations and triples the risk among younger cohorts.

- In Sweden (Stanfors and Svensson) and Norway (Skrede), the educational attainment of young women now exceeds that of men and labour force participation rates approach equality. The postponement or avoidance of formal marriage and the postponement of childbearing occurring in the context of heightened market demand for female labour (especially in social services) and the availability of subsidized care for children and elders creates an opportunity structure for young adults that is very different from that of older generations. Marked gender differences remain in fields of study, however, and in occupational specialization, working hours and wages. Moreoever, family obligations continue to act differently on men's and women's labour market achievements. At all levels of education, men with responsibility for the support of children earn more than those without children whereas the opposite is true for women.

While the Nordic countries represent one extreme of the gender equity continuum, the cultures of some North African, Middle Eastern and South Asian countries represent another. Yet, even in patriarchal regimes in which the honour of the kin group is defined by the physical seclusion and sexual modesty of its female members, changes in the market demand for female labour or in the social, economic and demographic conditions that affect its supply can have a substantial impact.

- In Eritrea, for example, a history of civil war and male outmigration has undermined the economy and left large numbers of women without male support. Among those aged 30 to 44 years, 29 percent of married women with spouse present are in the labour force compared with 45 percent of those married with spouse absent, 65 percent widowed, 75 percent divorced, and 87 percent never married (Arneberg). Within the wage sector, marital status is a strong determinant of participation quite apart from education, religion (Muslim women are more restricted) and number of children. Women without husbands have a greater economic need to work but they also have more autonomy.

Labour market opportunities also affect women's motivation to marry by making it possible to delay marriage (even in countries with early arranged marriages), to choose a 'higher quality' mate, or to forego matrimony entirely.

- In Bangladesh, six of every ten girls are married before their fifteenth birthday (Afsar). Single females in the garment industry have an incentive to

defer marriage until they save enough money or their parents find them a suitable mate. Meanwhile, they taste a little freedom, as limited as it may be.

BOX 4: ECONOMIC GROWTH, WELFARE ENTITLEMENTS AND GENDER EQUITY IN SWEDEN

Emerging from two decades of job stagnation, falling output per capita and staggering budget deficits, Sweden has become one of Europe's most vibrant economies. Despite tax and wage rates that are among the highest in the world, growth for 1999 is estimated at 3.8 percent. The boom is due in part to recovery from recession and in part to an entrepreneurial explosion in information technology and other areas following the deregulation of industry.

The labour market has generated an intense demand for women's work in the social services and information processing. Enabling legislation relating to maternity and parental leaves, subsidized child care, tax relief on the earnings of married couples, and other policies keep women in the labour force while maintaining one of the highest fertility rates in Europe.

In 1988 the labour force participation rate of women with children under six years of age reached an astounding 86 percent. Seven in ten children under age six are enrolled in high-quality publicly subsidized child-care facilities. Women's average years of education have surpassed those of men and hourly wage gaps are relatively low.

The high rates of female education and labour force participation conceal some persistent gender-based labour market differences, however:

- *the employment rate of mothers of young children declined to 80 percent by 1997;*
- *women work on average 72 percent of the hours that men work;*
- *one-third of all mothers of children under six are absent from work on a given day because of parental or other paid leaves;*
- *90 percent of paid parental leaves are used by mothers, not fathers;*
- *part-time and temporary jobs are staffed almost entirely by women;*
- *fields of study are highly sex segregated (e.g., 87 percent of upper secondary school graduates in health care are female but only 13 percent in technology);*
- *occupational sex segregation in the labour force is equally marked, although less so among younger cohorts of highly educated women.*

It appears that policies facilitating women's double roles in work and the family have not eliminated major gender differences in work-family preferences. Nevertheless, the roles of worker and mother have become so compatible that they may come to vary independently in the future.

Source: Stanfors, M. and L. Svensson. 'Education, career opportunities and the changing patterns of fertility: a study on 20th century Sweden'. Seminar paper.

Married female employees find it difficult to deal with household chores, care for children, and cope with their husbands' demands and suspicions. Yet employment has also provided them with personal incomes, physical mobility and social space outside the family that would otherwise be denied them.

- In the United States (Cox, Hermsen and Klerman), women who live in states with favorable labour markets for workers with matched characteristics (classified by sex, age, ethnicity and education) are significantly more likely to delay or avoid marriage than are women in states with less favorable markets. The availability of 'high quality' (high earning) men raises the probability of marrying, however. The potential for economic independence provides an important alternative to marriage for young women that has significant implications for future trends in marriage, divorce, and fertility.

These examples of demographic linkages attest to the complex nature of the relationships among gender systems, labour markets, and demographic behaviour. Although some commonalities can be identified, relationships differ by gender, generation, social class, ethnic group and region. Regression equations are filled with interaction terms in which the strength (and even direction) of the effect of A on B depends on the values of C, D and E.

Regional identities can play a particularly important role in this regard. In Italy, for example, whereas virtually all married women have one child, the probability of having a second ranges from only 3 percent in the North to 24 percent in the Center and 36 percent in the South (Rampichini and Salvini). Representing distinct labour markets, work patterns and cultural values, the effects of women's work and occupation on the timing and probability of the second birth are regionally distinct. Regional identities are also significant in the work-contraception relationship in Egypt (Kulczycki and Juarez) and the work-divorce relationship in Spain (Solsona and Houle). Such findings suggest that causal factors may follow quite different paths in different settings.

Demographic Linkages: Gender and Migration

The impact of economic change on labour markets has major repercussions on the size, characteristics, and directions of population movements within and across national boundaries. As economic conditions improve in some areas and worsen in others, the resulting imbalances can trigger substantial population

flows. Not everyone is free to move, of course. Family and community ties, social and cultural factors, lack of information or financial resources, and government-imposed restrictions all affect the nature of the response and the role that gender plays.

- Italy's rapid economic growth combined with the impoverishment of some of its neighbors has turned it almost overnight from a labour-exporting to a labour-importing country (Strozza, Gallo and Grillo). Of the over one million immigrants holding official permits in 1997, 45 percent are women. Analysis of the characteristics of legal migrants identifies four major clusters: predominantly male groups with high rates of regular employment (e.g., former Yugoslavia, Albania, Poland, Tunisia); predominantly male groups who are mostly self-employed or unemployed (e.g., Morocco, Nigeria, Ethiopia, Somalia); predominantly female groups with high employment (former Yugoslavia, Poland, Nigeria, Ethiopia, Somalia, Sri Lanka and the Philippines) and predominantly female groups with low activity rates who came to join their menfolk (Albania, Morocco, Tunisia). Wages and working conditions are highly differentiated by gender, national origin, and occupation in a segmented market.

The liberalization of government restrictions on the movement of populations within countries through mechanisms such as work permits, pass laws and residence permits can also release large migration streams. However, the extent to which migrants are able to translate their new-found mobility into occupational success depends largely on labour market demand.

- With the lifting of apartheid in 1994, South Africa entered the international economy and began to attract foreign investment (Arends-Kuenning, Kaufman and Roberts). Economic growth has been slow, however, and unemployment remains extremely high among black Africans. Restrictive policies that once confined their physical movements, place of residence, and right to work have been eliminated. For those living in the 'homelands', the capacity to migrate is a key to finding work. In KwaZulu-Natal, women who moved out between 1993 and 1998 were younger than those who stayed behind, more likely to be single, and more likely to hold a job in 1998. Among those who remained, female employment held steady at 22 percent while unemployment rose from 24 to 30 percent. Male employment dropped from 36 to 30 percent while unemployment stayed at 30 percent. Almost half of employed women and men worked as day labourers.

The liberalization of policies relating to population mobility in Vietnam and China, combined with the decline of agricultural employment and the institution of economic reforms, has produced a massive wave of migration to metropolitan areas and export processing zones. Entrepreneurial opportunities in the cities and

a demand for labour in export manufacturing result in significant improvements in migrants' occupational status.

- In Vietnam (Goldstein, Djamba and Goldstein), temporary migrants of both sexes are younger on average than permanent migrants and more likely to be single. More than one-quarter of all permanent migrants to towns and cities work in professional and technical occupations compared with one-tenth of temporary migrants. Almost half of all migrants work in commerce and services. Migration improves the occupational status of both sexes and reduces the sex segregation of their urban occupations, primarily by increasing women's participation in traditionally male activities.

- In the Special Economic Zone of Shenzhen, China (Liang and Chen), temporary migrants were less than one percent of the population in 1979 but 72 percent in 1994. Four-fifths of female migrants are under 30 years of age, the majority unmarried and from rural areas. Among permanent migrants (a small minority), 42 percent of women hold professional or technical jobs compared with only 17 percent of men and 3 percent of temporary migrants of both sexes. Two-thirds of all temporary migrants work in manufacturing and transportation. Female migrants benefit more than males from the new opportunities when compared with gender differences in the areas from which they came.

- In Shanghai (Wang and Shen), the proportion female among migrants rose from 30 percent in 1988 to 41 percent in 1997. Only 1.5 percent of female migrants are employed in professional or administrative occupations, however, slightly fewer than male migrants. The vast majority of both sexes are in commerce, services and manufacturing. Despite working longer hours than men on average, female migrants in Shanghai earn 25 percent less. Doubly disadvantaged by their gender and their rural origins, female migrant labourers in this urban environment are at the bottom of the labour hierarchy.

Global Policies and Real-world Settings: the Universal vs. the Particular

In exploring the demographic implications of women's changing position in the labour market, it is useful to address the global policy agenda as it is intended to shape national economic, social and demographic policies and programmes. The global agenda has a potential impact on all elements of the analytic framework discussed in this report. Considering that the elements of the framework are also highly interconnected, it is inevitable that policies that affect one aspect of the relationship, such as the promotion of free trade, will

affect others, such as the demand for female labour, women's marital, reproductive and migratory behaviour, and cultural attitudes about women's roles.

- The promotion by institutions such as The World Bank, The International Monetary Fund, and bilateral donors of *macroeconomic policies* favoring free markets, international trade, privatization, liberalization, fiscal responsibility (structural adjustment), and institutional reforms affects *labour markets* as a whole as well as the specific demand for female and male labour in quite different ways, depending on the setting. Given their broad economic reach, such policies are also likely to affect demographic behaviour directly (by altering the perceived costs and value of children, for example) quite apart from their indirect demographic effects operating through women's employment.

- The global advancement of *social policies* that define human rights in the political, economic, social and cultural spheres are intended to affect *social institutions of gender*, among other features. Such policies include the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the programmes of action of the International Conference on Human Rights (Vienna 1993), the World Summit for Social Development (Copenhagen 1995) and the Fourth World Conference on Women (Beijing 1995). Of most concern to this report are policies aimed at eliminating discrimination against girls and women in all aspects of education and employment, including the free choice of occupation, the right to work and to job security, and the right to equal benefits and remuneration for work of equal value.

- The propagation of *labour policies* by agencies such as the International Labour Office sets international standards regarding conditions of employment, the elimination of child labour, special protection of women workers such as maternity benefits, the right to work and to non-discriminatory treatment, the right to equal pay for equal work, the right to form unions or other workers' organizations, protection from arbitrary dismissal, protection of migrant workers, workers' health and safety, and other aspects of the labour market. These policies relate specifically to the *conditions of women's and men's work* in the labour market which will have an impact on other aspects of their lives.

- The promotion of *demographic policies* relating to such issues as minimum legal age at marriage, the rights of adolescents, fertility control and family planning, safe abortion, child survival, sexual and reproductive health and rights, and internal and international migration affects *marital, reproductive and migratory behaviour*. As articulated by agencies such as the United Nations Population Fund, the World Health Organization, regional and bilateral aid organizations, and at the International Conference on Population and

Development (Cairo 1994), such policies provide an enabling environment for women to make informed sexual, marital and reproductive choices and to move more freely within countries and across national borders. All of these behaviours contribute to women's capacity to take advantage of labour market opportunities and rewards on more equitable terms with men.

Although global policy agendas such as these are by no means universally applied, they do offer a clear policy context in which to view the relationships considered in this report and the potential for change. Perhaps more interesting, however, are the challenges posed by the particular regional, national and local circumstances in which such policies are *meant* to apply. Is it realistic to expect a universally predictable set of outcomes? Or is it the case that universal policies will interact with particular environments in some quite unexpected ways?

A review of the country case studies raises two major points in this regard. First, policies that are intended to accomplish a specific goal often have important unintended consequences, some positive, some negative. Second, some global policy recommendations are not only unrealistic in their expectations of what countries with a limited resource base can do, but also potentially self-defeating if they are applied without paying attention to institutional constraints and to women's own assessment of the risks and benefits involved.

Consider, for example, the following contradictions:

- Macroeconomic policies promoting free markets, privatization and other structural reforms, by shifting responsibility for the provision of employment and other social protections from the state to the individual (who is expected to 'adapt' to the market demand) appear in some cases to violate the universal principle that all human beings have an 'inalienable right to work'. As many critics have noted, policies are needed to protect women, men and children from further economic and social impoverishment in the transition from other forms of political and economic organization to the free-market model.

- Intensified competition among low- and middle-income countries (and among low-income areas of high-income countries) to attract multinational manufacturing and service industries can drive down wages and undermine protective labour legislation and workers' rights to organize. National industries producing for local markets or export may also try to evade such legislation or subcontract to unregulated sectors because of market pressures. Policies need to address the harmful consequences of such competition such that the labour rights of women and men in all countries and economic sectors are fully respected.

- The promotion of gender equality in the labour market may require gender-specific policies such as affirmative action in hiring and promotion and the

protection of pregnant women and mothers. The United Nations Convention on the Elimination of All Forms of Discrimination Against Women declares that 'In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties [to the Convention] shall take appropriate measures .. to introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances ...[and] provide special protection to women during pregnancy...' (United Nations 1988:21). Where private employers are expected to absorb the costs of such benefits, however, the tendency to discriminate against women of reproductive age may be intensified. Although high-income states with low birth rates could reasonably subsidize maternity leaves directly (and indeed may be motivated for demographic reasons to do so), the opposite is likely to be true for low-income countries with high birth rates. The question then remains as to whether it is either feasible or desirable for low-income countries to be expected to provide such benefits.

- The elimination of lower-paid job opportunities in manufacturing and services could destroy the growth of wage employment for women in some low-income countries. Multiple examples attest to the export-driven demand for cheap female labour in light manufacturing and related industries. Such jobs often represent the only opportunity that girls and women have to earn wages. In South Africa, the government offers incentives to industries such as textile and clothing to locate in border areas of the former black labour reserves (Arends-Kuenning, Kaufman and Roberts). Most of those hired are women. Although pay is low and working conditions are poor, the income women earn is higher than they could obtain elsewhere and helps to free them from dependence on unstable remittance wages from men, many of whom are absent from the reserves. For the women involved and for the welfare of their families, it is possible that lower wages may be preferable to no work at all.

- The sex segregation of occupations can offer advantages as well as disadvantages to women. In culturally conservative countries where the relations between the sexes are strictly controlled, employment in female occupations or with female clientele (e.g. women doctors in women's hospitals, women teachers in girls' schools) may provide the only acceptable work opportunity. Women in more 'modern' settings may also prefer to work in predominantly female environments as a matter of personal choice. The extent to which such 'choices' reflect discriminatory practices needs to be investigated in each setting. Whatever the outcome, policies are needed to address inequities in the social and monetary valuation of 'female' and 'male' work and the resulting inequities in wages, benefits, and job security that are based on gendered assumptions (Anker 1997).

- Policies promoting more flexible work hours and long-term part-time employment in the formal sector also carry advantages and disadvantages for women. They expand women's options by making it easier to combine work with higher education, family responsibilities or other interests. As in the case of sex-segregated occupations, however, part-time jobs overwhelmingly attract women and are penalized relative to full-time jobs in terms of hourly wages and benefits. Policies need to correct these disparities such that full-time and part-time workers receive benefits proportional to their inputs.

- Social policies in democratic high-income welfare states intended to promote gender equality and maintain or increase current fertility levels, such as paid parental leaves, can result in highly gender-differentiated behaviours deriving from the personal preferences of workers and the prejudices of employers (e.g., disapproval of men taking family leave). In Sweden and Austria, 90 and 99 respectively of paid parental leaves are taken by mothers rather than fathers. Policies such as these appear to be effective in halting further declines in the birth rate and facilitating the combination of employment and childrearing but not in reducing the sexual division of labour in family care.

- The provision of day-care services for pre-school children is not sufficient to overcome the constraints to employment experienced by women who have school-age children, who are responsible for the care of elders, or who work non-regular hours. In countries where such programmes are feasible, subsidized services need to include after-school programmes for older children and, in the case of younger children, seven-day-a-week, round-the-clock facilities for parents who work non-regular hours (Presser 1999). Day-care or in-house assistance for elders is also critical. In a study of full-time vs. part-time work in five post-industrial economies (Bardasi and Gornick), the presence of an 'adult dependent' in the home exerts a stronger and more consistent downward pressure on women's labour market attachment than does the presence even of young children.

- The promotion of female schooling and higher education to levels equal to those of males is a matter of human rights and social justice. Its effects on improving women's employment rates and occupational and wage position in the labour market appear unequivocal. Higher female schooling is also associated with significantly later marriage and lower fertility, especially in countries in the early stages of demographic transition. However, in some countries where the average level of female schooling approaches or exceeds that of males, significant sex stereotyping remains in fields of study and vocational preparation. In order to broaden the options of both sexes, policies are needed to provide girls with the same basic skills as boys, to encourage women to train in traditionally male fields such as the physical sciences and engineering,

and to encourage men to train in traditionally female fields such as nursing and elementary school teaching.

As labour and gender policies confront economic and political realities, the complexities, contradictions, and unrealistic expectations become abundantly clear. As valuable as such policies may be in setting universal standards, most will require adaptation and fine-tuning to particular circumstances if their fundamental purpose is to be served.

BOX 5: THE GENDERED EFFECTS OF PARENTAL LEAVE POLICIES

Austria has one of the most generous policies relating to maternity and parental leaves in the world. The Maternity Protection Law prohibits the employment of women for a minimum of 16 weeks before and after childbirth and provides a state-subsidized income substitute. In addition, Parental Leave Legislation enables mothers and fathers to take a job-protected, paid leave of absence for up to two years to care for each child. Benefits consist of one flat rate for married/cohabiting mothers and a 50 percent higher rate for single mothers or married mothers whose husband has little or no income. Fathers have the right to paid parental leave as long as the mother does not take it and remains employed.

What effects have these remarkable provisions had on women's and men's work and child-rearing patterns? In this case, a parental leave policy that is gender-neutral in intent is deeply gendered in its results.

- *Virtually all women (95-98 percent) who are entitled to parental leave benefits take them and the majority draw benefits for the entire period.*
- *Only one-third of all women return to work immediately following the end of their leave period, and only one-fifth resume work with their former employer.*
- *Although state-subsidized parental leaves reduce women's dependence on men, it increases their dependence on public social benefits.*
- *Only one percent of those taking parental leaves since 1990 are fathers.*
- *Almost one-third of fathers on parental leave had not been employed before the start of the leave. Absolute income is less a determinant of men's parental leave-taking than whether the mother's income equals or exceeds father's income. Sixty percent of fathers return to work as soon as the parental leave ends.*
- *For men, the parental leave often constitutes a transitory phase in their working careers, frequently connected with a change in jobs. For women, parental leave usually marks the beginning of a longer period of absence from the labour market for child care.*

Source: Neyer, G. 'The gendering effects of parental leave policies'. Seminar paper.

The global evidence points almost everywhere to rising female labour force participation, increasingly delayed marriage and timing of first births, falling completed fertility, higher probabilities of marital dissolution, more cohabitation in lieu of marriage, and more nonmarital births, often by choice. Levels, trends and connections among these behaviours vary widely. In essence, however, all of these trends point to greater flexibility in girls' and women's lives. Women who gain full benefits from the labour market typically have far more social and demographic options and greater leverage and autonomy than do other women living in the same environment. Policies adapted to local conditions are clearly needed to protect and advance the gains that women have made and to prevent their deterioration in the face of global economic forces. For this one needs a politically committed state, not just a free market.

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international union for the scientific study of population ■ IUSSP
3-5, rue Nicolas, F-75980 Paris cedex 20 ■ France ■
Tel. +33 1 56 06 21 73 ■ Fax +33 1 56 06 22 04
E-mail : iussp@iussp.org
http://www.iussp.org